


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 27, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # V03005</b> 1. Entity Name <b>SARAN RANCH, INC.</b>	
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Principal Place of Business <b>719 W. PINEDALE DR. STE. #B PLANT CITY, FL 33566 US</b>	Mailing Address <b>719 W. PINEDALE DR. STE. #B PLANT CITY, FL 33566 US</b>
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02162004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>NOT APPLICABLE</b>	Applied For <b>Not Applicable</b>
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  <b>TRINKLE, ROBERT S. 121 NORTH COLLINS STREET PLANT CITY, FL 33566</b>	<b>DO NOT WRITE IN THIS SPACE</b>
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature typed or printed name of registered agent and title if applicable

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD HAMMER, SARA S. 719 WEST PINEDALE DR. PLANT CITY, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS TRINKLE, ROBERT S. 711 PINEDALE DR. PLANT CITY, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HAMMER, JOHN M. J 1245 MOOREWOOD ROAD HIGHLANDS, NC 28741
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD TRINKLE, SARA ANN 711 PINEDALE DR. PLANT CITY, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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02/27/04-80051-020 150.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**

*Dana H. Trinkle VP*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #