


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

1/11

FILED
Feb 14, 2005 8:00 am
Secretary of State

01-18-2005 90028 024 ***150.00

DOCUMENT # V03005 1. Entity Name SARAN RANCH, INC.	
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Principal Place of Business 719 W. PINEDALE DR. STE. #B PLANT CITY, FL 33566 US	Mailing Address 719 W. PINEDALE DR. STE. #B PLANT CITY, FL 33566 US
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66001909

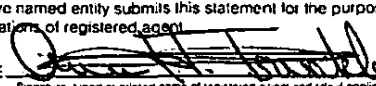


01102005 No Chg-P CR2E034 (10/03)

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4. FEI Number NOT APPLICABLE	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

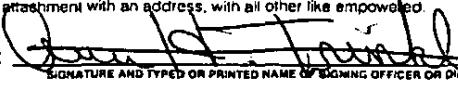
6. Name and Address of Current Registered Agent TRINKLE, ROBERT S. 121 NORTH COLLINS STREET PLANT CITY, FL 33566	DO NOT WRITE IN THIS SPACE
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.	
SIGNATURE  <small>Signature, typed or printed name of registered agent and title if applicable.</small>	DATE _____ <small>(NOTE: Registered Agent signature required when reinstating)</small>

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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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	

**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)(i), 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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	Date 02/09/05 (813) 752-6366 <small>Daytime Phone #</small>

Sara Ann Trinkle