

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V41872

FILED
Apr 26, 2004
Secretary of State

Entity Name: B. & J. EMU RANCH, INC.

Current Principal Place of Business:

27757 HICKORY BLVD
BONITA SPRINGS, FL 34134

New Principal Place of Business:

18954 CYPRESS VIEW DRIVE
FORT MYERS, FL 39912

Current Mailing Address:

27757 HICKORY BLVD
BONITA SPRINGS, FL 34134

New Mailing Address:

18954 CYPRESS VIEW DRIVE
FORT MYERS, FL 39912

FEI Number: 65-0340393

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MORETTI, NICOLETTE
27757 HICKORY BLVD
BONITA SPRINGS, FL 34134 US

Name and Address of New Registered Agent:

M. FRANZONE, NICOLETTE
18954 CYPRESS VIEW DRIVE
FORT MYERS, FL 39912 US

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.

SIGNATURE: NICOLETTE M. FRANZONE

04/26/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: MORIN, BENOIT,
Address: 6532 MAUNA LOA BLVD
City-St-Zip: SARASOTA, FL 34241

Title: V () Delete
Name: MORIN, DANNY W
Address: 6532 MAUNA LOS BLVD
City-St-Zip: SARASOTA, FL 34241

Title: S () Delete
Name: MORIN, JACQUELINE
Address: 6532 MAUNA LOA BLVD
City-St-Zip: SARASOTA, FL 34241

Title: T () Delete
Name: MORETTI, NICOLETTE
Address: 27757 HICKORY BLVD
City-St-Zip: BONITA SPRINGS, FL 34134

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: T (X) Change () Addition
Name: M. FRANZONE, NICOLETTE
Address: CYPRESS VIEW DRIVE
City-St-Zip: FORT MYERS, FL 39912

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: NICOLETTE M. FRANZONE

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04/26/2004

Electronic Signature of Signing Officer or Director

Date