

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G59438

Entity Name: C2 RANCH, INC.

FILED  
Jan 05, 2007  
Secretary of State

**Current Principal Place of Business:**

RR 6 BOX 997  
OKEECHOBEE, FL 34974

**New Principal Place of Business:**

**Current Mailing Address:**

107 S.W. 17TH STREET  
SUITE I  
OKEECHOBEE, FL 34974

**New Mailing Address:**

FEI Number: 59-2360870      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

COLLIER, KIM C  
107 SW 17TH STREET, SUITE I  
OKEECHOBEE, FL 34974      US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P/D ( ) Delete  
Name: COLLIER, JOHN AUSTIN P  
Address: RR 6 BOX 997  
City-St-Zip: OKEECHOBEE, FL 34974

Title: ST/D ( ) Delete  
Name: COLLIER, KIM C ST/D  
Address: RR 6 BOX 997  
City-St-Zip: OKEECHOBEE, FL 34974

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: KIM C. COLLIER

ST/D

01/05/2007

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date