2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G59438

FILED Jan 04, 2008 Secretary of State

Entity Name: C2 RANCH, INC. **Current Principal Place of Business: New Principal Place of Business:** RR 6 BOX 997 OKEECHOBEE, FL 34974 **Current Mailing Address: New Mailing Address:** 107 S.W. 17TH STREET SUITE I OKEECHOBEE, FL 34974 FEI Number: 59-2360870 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: COLLIER, KIM C COLLIER, KIM C 107 SW 17TH STREET, SUITE I 107 SW 17TH STREET, SUITE I OKEECHOBEE, FL 34974 OKEECHOBEE, FL 34974 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: KIM C. COLLIER 01/04/2008 Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: () Change () Addition COLLIER, JOHN AUSTIN P Name: Name: RR 6 BOX 997 Address: Address: City-St-Zip: OKEECHOBEE, FL 34974 City-St-Zip: Title: ST/D Title: () Change () Addition () Delete Name: COLLIER, KIM C ST/D Name: RR 6 BOX 997 Address: Address: OKEECHOBEE, FL 34974 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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 01/04/2008