

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 15, 2007 08:00 AM
Secretary of State



DOCUMENT # 693260

1. Entity Name
D.L. PEARCE RANCH, INC.

Principal Place of Business
 STATE ROAD 78, GLADES CO.
 ROUTE 6, BOX 995
 OKEECHOBEE FL 34974

Mailing Address
 STATE ROAD 78, GLADES CO.
 ROUTE 6, BOX 995
 OKEECHOBEE FL 34974



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE CR2E034 (10/06)

City & State

City & State

4. FEI Number **59-2102034**

Applied For
 Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PEARCE, MARK H
RT 6 BOX 995
OKEECHOBEE FL 34974

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 _____

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when transferring)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE: **PST** Delete
 NAME: **PEARCE, MARK H**
 STREET ADDRESS: **RT 6 BOX 995**
 CITY-ST-ZIP: **OKEECHOBEE FL 34974**

TITLE: **DP** Delete
 NAME: **PEARCE, D L**
 STREET ADDRESS: **RT 6 BOX 995 N/A**
 CITY-ST-ZIP: **OKEECHOBEE FL**

TITLE: Delete
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

TITLE: Delete
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TITLE: Delete
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: Change Addition
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP: **000000637865**
02/27/07-80005-019 150.00

TITLE: Change Addition
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

TITLE: Change Addition
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TITLE: Change Addition
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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:

D L Pearce, President
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/15/07
 Date

863-763-4715
 Daytime Phone #