



# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 19, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 693260</b> 1. Entity Name <b>D.L. PEARCE RANCH, INC.</b>			
Principal Place of Business <b>STATE ROAD 78, GLADES CO. ROUTE 6, BOX 995 OKEECHOBEE, FL 34974</b>		Mailing Address <b>STATE ROAD 78, GLADES CO. ROUTE 6, BOX 995 OKEECHOBEE, FL 34974</b>	
		 04242008 No Chg-P CR2E034 (11/05)	
		4. FEI Number <b>59-2102034</b>	Applied For Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>PEARCE, MARK H RT 6 BOX 995 OKEECHOBEE, FL 34974</b>			
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reissuing)</small>			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	<b>U00000952204 06/04/08-80069-025 150.00</b>
<b>10. OFFICERS AND DIRECTORS</b>			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PST PEARCE, MARK H RT 6 BOX 995 OKEECHOBEE, FL 34974</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DP PEARCE, D L RT 6 BOX 995 N/A OKEECHOBEE, FL</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
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TITLE 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 Chapter 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.			
<b>SIGNATURE: <i>D L PEARCE</i></b>		<b>PRESIDENT</b>	<b>4/21/08 863-763-4915</b>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>	<small>Daytime Phone #</small>

**D. L. PEARCE**