

2021 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000044451

Entity Name: RUBY'S RIDGE RANCH, INC**Current Principal Place of Business:**2887 JOHNSON RD.
BONIFAY, FL 32425**Current Mailing Address:**2887 JOHNSON RD.
BONIFAY, FL 32425 US**FEI Number:** 20-2552035**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**ALL FLORIDA FIRM, INC.
465 S VOLUSIA AV, SUITE C
ORANGE CITY, FL 32763 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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	PRESIDENT
Name	HAMMOND, TERRI JO
Address	2887 JOHNSON RD.
City-State-Zip:	BONIFAY FL 32425

Title	VICE PRESIDENT
Name	RETFERFORD , WAYDE TUCKER
Address	2887 JOHNSON RD.
City-State-Zip:	BONIFAY FL 32425

Title	SECRETARY
Name	RETFERFORD, KATHRYN
Address	2887 JOHNSON RD.
City-State-Zip:	BONIFAY FL 32425

Title	ASST. SECRETARY
Name	RETFERFORD, ASHLEY
Address	2887 JOHNSON RD.
City-State-Zip:	BONIFAY FL 32425

Title	TREASURER
Name	HAMMOND, HARRELL KENNY
Address	2887 JOHNSON RD.
City-State-Zip:	BONIFAY FL 32425

I hereby 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 all other like empowered.

SIGNATURE: HARRELL K. HAMMOND**TREASURER****04/15/2021**_____
Electronic Signature of Signing Officer/Director Detail_____
Date