

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 167485

FILED  
Feb 02, 2012  
Secretary of State

Entity Name: C. C. RANCH, INC.

**Current Principal Place of Business:**

748 N DONNELLY ST  
MT DORA, FL 32757 US

**New Principal Place of Business:**

**Current Mailing Address:**

748 N DONNELLY ST  
MT DORA, FL 32757 US

**New Mailing Address:**

FEI Number: 59-0682250

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

WATTERS, JUNE C  
748 N DONNELLY STREET  
MT DORA, FL 32757 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

**OFFICERS AND DIRECTORS:**

Title: D  
Name: MASTIN, TOM  
Address: 586 NORWOOD SPRINGS ROAD  
City-St-Zip: FORT VALLEY, GA 31030 US

Title: TD  
Name: WATTERS, VASCO L  
Address: 748 N DONNELLY ST  
City-St-Zip: MOUNT DORA, FL 32757 US

Title: PSD  
Name: WATTERS, JUNE C  
Address: 748 N DONNELLY STREET  
City-St-Zip: MOUNT DORA, FL 32757 US

Title: DVP  
Name: TREEN, JANET C  
Address: 117 1ST AVE. NORTH  
City-St-Zip: JACKSONVILLE BEACH, FL 32250 US

Title: D  
Name: TREEN, MICHAEL M  
Address: 117 1ST AVE. NORTH  
City-St-Zip: JACKSONVILLE BEACH, FL 32250 US

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: JUNE C. WATTERS

PSD

02/02/2012

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

\_\_\_\_\_  
Date