

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Apr 24, 2006 08:00 AM
Secretary of State

DOCUMENT # 214056

1. Entity Name

CORBIN FARM AND RANCH SUPPLY INC



Principal Place of Business

544 E SUGARLAND HWY
CLEWISTON FL 33440

Mailing Address

544 E SUGARLAND HWY
CLEWISTON FL 33440



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/05)

4. FEI Number

59-0835212

Applied For
Not Applied

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BOY, JOHN B. JR.
401 SWC OWEN AVENUE
CLEWISTON FL 33440

Name

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

City

FL

Zip Code

7. Name and Address of New Registered Agent

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 restate is required)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2006 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May
Added to Fee

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete
NAME CORBIN, JOHN G
STREET ADDRESS 544 E. SUGARLAND HWY
CITY-ST-ZIP CLEWISTON FL

TITLE TD ☐ Delete
NAME CORBIN, NANCY
STREET ADDRESS 544 E. SUGARLAND HWY
CITY-ST-ZIP CLEWISTON FL

TITLE VPD ☐ Delete
NAME CORBIN, SUE
STREET ADDRESS 544 E. SUGARLAND HWY
CITY-ST-ZIP CLEWISTON FL

TITLE VPD ☐ Delete
NAME THOMAS, MITCHELL R.
STREET ADDRESS 544 E SUGARLAND HWY
CITY-ST-ZIP CLEWISTON FL

TITLE SD ☐ Delete
NAME THOMAS, MARY CORBIN
STREET ADDRESS 544 E SUGARLAND HWY
CITY-ST-ZIP CLEWISTON FL

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Add
NAME
STREET ADDRESS
CITY-ST-ZIP
U00000529195
05/05/06-80067-022 150.00

TITLE ☐ Change ☐ Add
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Add
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Add
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Add
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Add
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:

[Signature]

R. Mitchell Thomas

4/22/2006

(083) 903-9