

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 22, 2006 8:00 am
Secretary of State

02-22-2006 90018 023 ***150.00

DOCUMENT # 226423

1. Entity Name

BRADEN RIVER RANCHETTES, INC.



Principal Place of Business

**211 KERNEYWOOD STREET
LAKELAND FL 33803**

Mailing Address

**211 KERNEYWOOD STREET
LAKELAND FL 33803**



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

59-6060889

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**LORD, WILLIAM W
211 KERNEYWOOD
LAKELAND FL 33803**

7. Name and Address of New Registered Agent

Name **CARTER U. LORD**

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

4407 OAKGLEN ROAD

LAKELAND, FLORIDA 33813

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.

CARTER U. LORD

(NOTE: Registered Agent signature required when reinstating)

2/8/06

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 Be
Added to Fees**

10. OFFICERS AND DIRECTORS

| | | |
|----------------|-----------------------|--|
| TITLE | P | <input type="checkbox"/> Delete |
| NAME | LORD, CARTER U. | |
| STREET ADDRESS | 4407 OAKGLEN ROAD | |
| CITY-ST-ZIP | LAKELAND FL | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | LORD, CARMEN M | |
| STREET ADDRESS | 4075 MALAGA STREET | |
| CITY-ST-ZIP | COCONUT GROVE FL | |
| TITLE | DVST | <input checked="" type="checkbox"/> Delete |
| NAME | LORD, WILLIAM W. | |
| STREET ADDRESS | 211 KERNEYWOOD | |
| CITY-ST-ZIP | LAKELAND FL | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | LORD, CARTER U. | |
| STREET ADDRESS | 4407 OAKGLEN | |
| CITY-ST-ZIP | LAKELAND FL | |
| TITLE | DVS | <input type="checkbox"/> Delete |
| NAME | HILLMAN, LORD E | |
| STREET ADDRESS | 410 N LAKE SYBELIA DR | |
| CITY-ST-ZIP | MAITLAND FL | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | HELM, FONYA L | |
| STREET ADDRESS | 8000 RIVER SIDE DR | |
| CITY-ST-ZIP | CABIN JOHN MA | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|----------------|------|--|
| TITLE | | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | DVST | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CARTER U. LORD, President **2/8/06** **(863) 647-2469**

Date

Daytime Phone #