

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Feb 14, 2007 08:00 AM
Secretary of State

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 - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/06)

City & State

City & State

4. FEI Number **59-6060889**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LORD, CARTER U
4407 OAKGLEN RD
LAKELAND FL 33813

Name

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

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.

(NOTE: Registered Agent signature required when registering)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 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** ☐ Delete
NAME LORD, CARTER U
STREET ADDRESS 4407 OAKGLEN ROAD
CITY- ST- ZIP LAKELAND FL

TITLE **D** ☐ Delete
NAME LORD, CARMEN M
STREET ADDRESS 4075 MALAGA STREET
CITY- ST- ZIP COCONUT GROVE FL

TITLE **D** ☐ Delete
NAME LORD, CARTER U.
STREET ADDRESS 4407 OAKGLEN
CITY- ST- ZIP LAKELAND FL

TITLE **DVST** ☐ Delete
NAME HILLMAN, LORD E
STREET ADDRESS 410 N LAKE SYBELIA DR
CITY- ST- ZIP MAITLAND FL

TITLE **D** ☐ Delete
NAME HELM, FONYA L
STREET ADDRESS 8000 RIVER SIDE DR
CITY- ST- ZIP CABIN JOHN MA

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP
000000634531
02/22/07-80016-014 150.00

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

TITLE ☐ Change ☐ Addition
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CITY- ST- ZIP

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TITLE ☐ Change ☐ 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

2/7/07

803 647-2469

Date

Daytime Phone #