

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Mar 21, 2008 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 #

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

1st MOORE

CR2E034 (10/07)

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, CARTER U
4407 OAKGLEN RD
LAKELAND FL 33813**

7. Name and Address of New Registered Agent

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 submitting a...

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 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 **U000000865656**
STREET ADDRESS **04/07/08-80037-013 150.00**
CITY-ST-ZIP

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

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

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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:

Carter U Lord
CARTER U LORD

2/20/08 (863) 682-0581

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #