

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 230938

FILED
Mar 31, 2009
Secretary of State

Entity Name: MABRY CARLTON RANCH, INC.

Current Principal Place of Business:

9430 SIDELL RD
SIDELL, FL 34266 US

New Principal Place of Business:

Current Mailing Address:

9430 SIDELL RD
SIDELL, FL 34266 US

New Mailing Address:

FEI Number: 59-0884919 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

CARLTON, BARBARA B.
9430 SIDELL RD.
SIDELL, FL 34266 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: CARLTON, BARBARA B.,
Address: 9430 SIDELL RD
City-St-Zip: SIDELL, FL 342660031

Title: VD () Delete
Name: BONNER, KIM CARLTON
Address: 9450 SIDELL RD
City-St-Zip: SIDELL, FL 342660031

Title: STD () Delete
Name: CARLTON, M. LISA,
Address: 9420 SIDELL RD
City-St-Zip: SIDELL, FL 342660031

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: CARLTON, BARBARA B.,
Address: 9430 SIDELL RD
City-St-Zip: SIDELL, FL 342660031

Title: VP (X) Change () Addition
Name: BONNER, KIM CARLTON
Address: 9450 SIDELL RD
City-St-Zip: SIDELL, FL 342660031

Title: SECR (X) Change () Addition
Name: CARLTON, M. LISA,
Address: 9420 SIDELL RD
City-St-Zip: SIDELL, FL 342660031

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: LISA CARLTON

_____ Electronic Signature of Signing Officer or Director

SECR

03/31/2009

_____ Date