

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 233941

FILED  
Feb 11, 2006  
Secretary of State

Entity Name: BARTHLE BROTHERS RANCH, INC.

**Current Principal Place of Business:**

26801 BAYHEAD RD.  
DADE CITY, FL 33523 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 6  
SAN ANTONIO, FL 33576 US

**New Mailing Address:**

FEI Number: 59-0921397      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

NEWLON, JONATHAN W  
37947 PASCO  
DADE CITY, FL 33525 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: BARTHLE, RANDOLPH,  
Address: 26345 BAYHEAD RD.  
City-St-Zip: DADE CITY, FL

Title: DV ( ) Delete  
Name: BARTHLE, STEPHEN,  
Address: 15501 BELLAMY BROS. BLVD.  
City-St-Zip: DADE CITY, FL 33523

Title: DV ( ) Delete  
Name: BARTHLE, LAWRENCE,  
Address: 17231 BELLAMY BROS. BLVD.  
City-St-Zip: DADE CITY, FL

Title: DV ( ) Delete  
Name: PAIGE, KATHLEEN  
Address: RT 1, BOX 101 N  
City-St-Zip: CLEWISTON, FL

Title: DV ( ) Delete  
Name: BARTHLE, MARK F.,  
Address: 17899 BELLAMY BROS BLVD.  
City-St-Zip: DADE CITY, FL

Title: STD ( ) Delete  
Name: DILLARD, JEANETTE,  
Address: 15995 BELLAMY BROS BLVD.  
City-St-Zip: DADE CITY, FL

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: JEANETTE DILLARD

STD

02/11/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date