

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 16, 2007 08:00 AM
Secretary of State

DOCUMENT # 233941

1. Entity Name
BARTHLE BROTHERS RANCH, INC.



Principal Place of Business
**26801 BAYHEAD RD.
DADE CITY, FL 33523 US**

Mailing Address
**P.O. BOX 6
SAN ANTONIO, FL 33576 US**



01052007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-0921397

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**NEWLON, JONATHAN W
37947 PASCO
DADE CITY, FL 33525**

**DO NOT WRITE
IN THIS SPACE**

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 reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

U00000585815
01/16/07-80028-008 150.00

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	BARTHLE, RANDOLPH
STREET ADDRESS	26345 BAYHEAD RD.
CITY-ST-ZIP	DADE CITY, FL
TITLE	DV
NAME	BARTHLE, STEPHEN
STREET ADDRESS	15501 BELLAMY BROS. BLVD.
CITY-ST-ZIP	DADE CITY, FL 33523
TITLE	DV
NAME	BARTHLE, LAWRENCE
STREET ADDRESS	17231 BELLAMY BROS. BLVD.
CITY-ST-ZIP	DADE CITY, FL
TITLE	DV
NAME	PAIGE, KATHLEEN
STREET ADDRESS	RT 1, BOX 101 N
CITY-ST-ZIP	CLEWISTON, FL
TITLE	DV
NAME	BARTHLE, MARK F.
STREET ADDRESS	17899 BELLAMY BROS BLVD.
CITY-ST-ZIP	DADE CITY, FL
TITLE	STD
NAME	DILLARD, JEANETTE
STREET ADDRESS	15995 BELLAMY BROS BLVD.
CITY-ST-ZIP	DADE CITY, FL

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

Jan B. Dillard
Jan B. Dillard

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/11/07
Date

352-588-4075
Daytime Phone #