


**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
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DO NOT WRITE IN THIS SPACE



01052007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-0921397	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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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
01/16/07-80029-008 150.00

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

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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 1/11/07 352-588-4075
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #