


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 28, 2008 8:00 am
Secretary of State

01-28-2008 90048 042 ***150.00

DOCUMENT # 233941 1. Entity Name BARTHE 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		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		01212008 Chg-P CR2E034 (12/06)	
Zip		Country		4. FEI Number 59-0921397	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent NEWLON, JONATHAN W 37947 PASCO DADE CITY, FL 33525				7. Name and Address of New Registered Agent Name Jeanette Dillard Street Address (P.O. Box Number is Not Acceptable) 15995 Bellamy Bros. Blvd. City Dade City FL Zip Code 33523	
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 <u><i>Jeanette Dillard</i></u> Jeanette Dillard, CPA, STD DATE 1/21/08 <small>Signature is typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BARTHE, RANDOLPH 26345 BAYHEAD RD. DADE CITY, FL	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV BARTHE, STEPHEN 15501 BELLAMY BROS. BLVD. DADE CITY, FL 33523	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV BARTHE, LAWRENCE 17231 BELLAMY BROS. BLVD. DADE CITY, FL	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV PAIGE, KATHLEEN RT 1, BOX 101 N CLEWISTON, FL	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV BARTHE, MARK F. 17899 BELLAMY BROS BLVD. DADE CITY, FL	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD DILLARD, JEANETTE 15995 BELLAMY BROS BLVD. DADE CITY, FL	<input type="checkbox"/> Delete			
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: <u><i>Jeanette Dillard</i></u> Jeanette Dillard 1/24/08 352-5851691 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Day Daytime Phone #</small>			