

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 236269

FILED  
Feb 12, 2009  
Secretary of State

Entity Name: SCARBOROUGH & SONS RANCH INC

## Current Principal Place of Business:

1952 CR 29  
LAKE PLACID, FL 33852

## New Principal Place of Business:

1952 CR 29  
LAKE PLACID, FL 33852 US

## Current Mailing Address:

1952 CR 29  
LAKE PLACID, FL 33852

## New Mailing Address:

1952 CR 29  
LAKE PLACID, FL 33852 US

FEI Number: 59-1204274

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SCARBROUGH, BOBBY  
1952 CR 29  
LAKE PLACID, FL 33852 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: DVST ( ) Delete  
Name: SCARBOROUGH, BOBBY,  
Address: 740 SUNSET POINTE DR  
City-St-Zip: LAKE PLACID, FL 33852

Title: DP ( ) Delete  
Name: SCARBOROUGH, JACK,  
Address: 66 JACK SCARBOROUGH LANE  
City-St-Zip: LAKE PLACID, FL 33852

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DVST (X) Change ( ) Addition  
Name: SCARBOROUGH, BOBBY,  
Address: 740 SUNSET POINTE DR  
City-St-Zip: LAKE PLACID, FL 33852 US

Title: DP (X) Change ( ) Addition  
Name: SCARBOROUGH, JACK,  
Address: 66 JACK SCARBOROUGH LANE  
City-St-Zip: LAKE PLACID, FL 33852 US

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: BOBBY SCARBOROUGH

VP

02/12/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date