

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 30, 2006 08:00 AM
Secretary of State

DOCUMENT # 246258

1. Entity Name
MONTSDOECA RANCH INC



Principal Place of Business
**4532 BLUFF HAMMOCK ROAD
LORIDA, FL 33857**

Mailing Address
**P O BOX 206
LORIDA, FL 33857 US**



01192006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-0985234

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**JUDY ANN BRONSON
140 MONTSDOECA LANE
LORIDA, FL 33857**

**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, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DPT
BRONSON, JUDY ANN
140 MONTSDOECA LANE
LORIDA, FL 33857**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VP
BRONSON, STEVE
140 MONTSDOECA LANE
SEBRING, FL 33857**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SD
MCCOLLEY, CHERYL
660 WESTERN DRIVE
MOORE HAVEN, FL 33471**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
MONTSDOECA, GARY
104 LOGO LOCO LANE
LORIDA, FL 33857**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

000000485303
04/12/06-80077-024 150.00

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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: *Judy Ann Bronson*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/25/06 803-655-0123
Date Daytime Phone #