

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

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

04-28-2008 90386 003 ***150.00

DOCUMENT # 255479

1. Entity Name
BARRY'S RANCH, INC.



Principal Place of Business
**17714 SW 30 AVE
NEWBERRY, FL 32669 US**

Mailing Address
**17714 SW 30 AVE
NEWBERRY, FL 32669 US**

400000011



01092008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1002083	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**BROWNING, JULIANNE
17714 SW 30 AVE
NEWBERRY, FL 32669**

**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, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE	TD
NAME	BARRY, W.N. J
STREET ADDRESS	375 NW FIRST AVE
CITY - ST - ZIP	NEWBERRY, FL
TITLE	SD
NAME	BARRY, JULIANNE
STREET ADDRESS	17714 SW 30TH AVE
CITY - ST - ZIP	NEWBERRY, FL
TITLE	VD
NAME	BARRY, KATHERINE S.
STREET ADDRESS	2665 NE 26 TERR
CITY - ST - ZIP	FT LAUDERDALE, FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**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:

Julianne Browning **Julianne Browning** 4/24/08 3524726400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #