

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 25, 2005 8:00 am
Secretary of State

04-25-2005 90234 012 ***150.00

DOCUMENT # 316922

1. Entity Name

TAUCHEN'S TRIANGLE T RANCH, INC.



Principal Place of Business
9110 COUNTY RD 17 SO
SEBRING FL 33870
US

Mailing Address
P O BOX 3936
SEBRING FL 33870
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-1165424

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

TAUCHEN, DONALD E II
9110 COUNTY RD 17 SO.
SEBRING FL 33870

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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, 2005 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	TAUCHEN, DONALD E	
STREET ADDRESS	9110 C R 17 SOUTH	
CITY-ST-ZIP	SEBRING FL 33876	
TITLE	STD	<input checked="" type="checkbox"/> Delete
NAME	TAUCHEN, JOHN ROBERT	
STREET ADDRESS	415 MAC LANE	
CITY-ST-ZIP	SEBRING FL 33872	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	BAILEY, CONSTANCE	
STREET ADDRESS	9120 C R 17 SOUTH	
CITY-ST-ZIP	SEBRING FL 33876	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	STD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Tauchen, John Robert	
STREET ADDRESS	9110 CR 17 S	
CITY-ST-ZIP	Sebring FL 33876	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Constance Bailey Constance Bailey

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/19/05

Date

863 446-0124

Daytime Phone #

ATTACHMENT 20043839
316922

April 19, 2005

Dear Sirs,

This is to inform you that Donald E Tauchen is in ICU recovering from major surgery. He was in ICU for more than a week before the surgery we're no idea when he'll be able to sign this document. So I am signing as VPD for him, in order to make the deadline. Thank you for your cooperation.

Sincerely
Constance L Bailey