2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Feb 11, 2008 8:00 am Secretary of State

					Sceretary or State				
DOCUMENT # 316922					02-11-2008 90054 002 ***150.00				
1. Entity Name									
TAUCHEN'S TRIANGLE T RANCH, INC.									
Principal Plac	e of Business	Mailing Address							
9110 COUNT	Y RD 17 SO	P O BOX 3936	<i>:</i>						
SEBRING, FL 33870 US		SEBRING, FL ' U	SEBRING, FL US						
					 	IKATA ATIAN MATA TININ KAN	BABUL BABUL BUBUA A	AIREI BIOIR AIRE	
2. Principal P	lace of Business - No P.O. Box #	3. Mailing Address							
The triangular transfer of triangular tran					1 1 1 1 1 1 1 1 1 1	UNIO 41110 ILUIO IININ 1151		AIRIF WINIS TIMS	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			01182008	Chg-P	CR2E034	1 (12/06)	
City & State	е	City & State			4. FEI Numbe 59-116		•		plied For t Applicable
Zip	Country Zip Cour		Coun	try			\$	8.75 Add	
-	**					of Status Desired	F.	ee Required	j
	6. Name and Address of Curren	7. Name and Address of New Registered Agent Name							
BAILEY C	ONSTANCE L			Name					
9120 COUNTY RD 17 SOUTH				Street Address (P.O. Box Number is Not Acceptable)					
SEBRING, FL 33876				,					
	No.			0.0				7:-0-1	
				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.									
il io conjigation is or registered agent.									
SIGNATURE Signature, typed for printed name of registered agent and little if applicable. (NOTE: Registered Agent signature required when reinstating) OV							DATE		
(No.11. Ingration inguit agratio require main initiate (g)									
### ### #############################									
After M	ay 1, 2008 Fee will be \$550	.00	noution.	□ Ago	ed to rees				
10.	OFFICERS ANI	D DIRECTORS	11.		ADDITIONS/	CHANGES TO OFFI	CERS AND D	PIRECTORS	S IN 11
TITLE	STD Delete TITL		1				Change	☐ Addition	
NAME OXDUCT ADDRESS	TAUCHEN, JOHN ROBERT			E et address					
STREET ADDRESS CITY-ST-ZIP	1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -			-ST-ZIP					
TITLE	VPD Delete IIII						☐ Change	☐ Addition	
NAME	BAILEY, CONSTANCE			1			'		
STREET ADDRESS	· ·			ET ADDRESS					
CITY-ST-ZIP	SEBRING, FL 33876			- ST - ZIP					
TITLE	,	Delete	TITLE	ı				☐ Change	☐ Addition
NAME CTRUCT ADDOCCE			NAM	1					
STREET ADDRESS CITY-ST-ZIP				ET ADDRESS - ST-ZIP					
TITLE		☐ Delete	TITLE				 	Change	Addition
NAME		□ Delete	NAM					Change	Addition
STREET ADDRESS			STRE	ET ADDRESS					
CITY-SI-ZIP			CITY	-ST-ZiP					
TITLE		☐ Delete	TITLE	ŧ				Change	Addition
NAME			NAM						
STREET ADDRESS CITY-ST-ZIP				ET ADDRESS - ST- ZIP					
TITLE		☐ Delete	TITL					☐ Change	Addition
NAME		_ Beleic	NAM	1					
STREET ADDRESS	I I		STRE	ET ADDRESS					Ì
CITY-ST-ZIP .	<u> </u>		CITY	-SI-ZIP					
12. I hereby	certify that the information supplied wi	th this filing does not qualify for	or the ex	emptions contained	in Chapter 119	, Florida Statutes. I	further certif	y that the ir	nformation or director
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 eath; that I am an officer or director of the corporation or the receiver or trusted 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: John K. Jauchen 2/6/08									
	SIGNATURE AND TYPED OF	PRINTED NAME OF SIGNING OFFICER	OR DIREC	IUN		Uste	Day	time Phone #	1