

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 13, 2006 08:00 AM
Secretary of State

DOCUMENT # 321219

1. Entity Name
(M) CROSS RANCH, INC.



Principal Place of Business
P O BOX 516
409 S.W. 15TH ST.
OKEECHOBEE, FL 34973-7516

Mailing Address
P O BOX 516
409 S.W. 15TH ST.
OKEECHOBEE, FL 34973



01092006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1212262

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

JONES, ROGER L
409 SW 15TH ST
OKEECHOBEE, FL 34973

**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 Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME JONES, MILDRED E
STREET ADDRESS 409 S.W. 15TH ST.
CITY-ST-ZIP OKEECHOBEE, FL

TITLE ST
NAME JONES, ROGER L
STREET ADDRESS 409 S.W. 15TH ST.
CITY-ST-ZIP OKEECHOBEE, FL

TITLE D
NAME WIERSMA, TONI L
STREET ADDRESS 408 S.W. 15TH STREET
CITY-ST-ZIP OKEECHOBEE, FL

TITLE D
NAME JONES, DONALD R.
STREET ADDRESS 7740 S.W. 13TH STREET
CITY-ST-ZIP OKEECHOBEE, FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U000000385256
01/18/06-80005-007 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the indicated on this report or supplemental report is true and accurate and that my signature of the corporation or the receiver or trustee empowered to execute this report as changed, or on an attachment with an address, with all other like empowered.

ons contained in Chapter 119, Florida Statutes. I further certify that the information shall have the same legal effect as if made under oath; that I am an officer or director y Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if

SIGNATURE:

Roger L Jones
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR

1-11-06 (863) 763-3348
Date Daytime Phone #