

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 09, 2008 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 34973-7516

DO NOT WRITE IN THIS SPACE



01042008 No Chg-P CR2E034 (11/05)

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, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

U000000776426
01/09/08-80022-025 150.00

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 I.
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	

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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 1 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

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

Date

Daytime Phone #

1-04-08