

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 02, 2005 8:00 am
Secretary of State

02-02-2005 90080 047 ***150.00

DOCUMENT # 338526

1. Entity Name

B.E. ALDERMAN RANCH, INC.



Principal Place of Business

**13510 NE 224TH STREET
OKEECHOBEE FL 34972**

Mailing Address

**13510 NE 224TH STREET
OKEECHOBEE FL 34972**

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 **59-1234410**

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ALDERMAN, JAMES E
13510 NE 224TH STREET
OKEECHOBEE FL 33472**

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 **VD** ☐ Delete
NAME **ALDERMAN, JAMES A**
STREET ADDRESS **71 WOODCREST DR**
CITY-ST-ZIP **FORT PIERCE FL 34945**

TITLE **D** ☐ Delete
NAME **ALDERMAN, JENNIE T.**
STREET ADDRESS **13510 NE 224TH STREET**
CITY-ST-ZIP **OKEECHOBEE FL 34972**

TITLE **STD** ☐ Delete
NAME **ALDERMAN, JAMES E**
STREET ADDRESS **13510 NE 224TH STREET**
CITY-ST-ZIP **OKEECHOBEE FL 34972**

TITLE **PD** ☒ Delete
NAME **DELONEY, RAY**
STREET ADDRESS **3920 WILSON AVE**
CITY-ST-ZIP **SEBRING FL 33875**

TITLE **D** ☐ Delete
NAME **DELONEY, MICHAEL**
STREET ADDRESS **4508 HENDERSON**
CITY-ST-ZIP **VALRICO FL 33594**

TITLE **VD** ☐ Delete
NAME **LINDE, DEBRA**
STREET ADDRESS **16732 WINDSOR LANE SE**
CITY-ST-ZIP **PRIOR LAKE MN 55372**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME **President-Director**
STREET ADDRESS **Joyce DeLoney**
CITY-ST-ZIP **5000 Strafford OAK Dr.**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

James E. Alderman, Sec. Treas.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-28-05(863)467-4550

Date Daytime Phone #