

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 09, 2006 8:00 am**  
**Secretary of State**

02-09-2006 90035 017 \*\*\*158.75

**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

1st MOORE

CR2E034 (10/05)

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~~ 34972

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, 2006 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	<input type="checkbox"/> Delete
NAME	ALDERMAN, JAMES A	
STREET ADDRESS	71 WOODCREST DR	
CITY-ST-ZIP	FORT PIERCE FL 34945	
TITLE	D	<input type="checkbox"/> Delete
NAME	ALDERMAN, JENNIE T.	
STREET ADDRESS	13510 NE 224TH STREET	
CITY-ST-ZIP	OKEECHOBEE FL 34972	
TITLE	STD	<input type="checkbox"/> Delete
NAME	ALDERMAN, JAMES E	
STREET ADDRESS	13510 NE 224TH STREET	
CITY-ST-ZIP	OKEECHOBEE FL 34972	
TITLE	PD	<input type="checkbox"/> Delete
NAME	DELONEY, JOYCE	
STREET ADDRESS	5000 STRAFFORD OAK DR.	
CITY-ST-ZIP	SEBRING FL 33875	
TITLE	D	<input type="checkbox"/> Delete
NAME	DELONEY, MICHAEL	
STREET ADDRESS	4508 HENDERSON	
CITY-ST-ZIP	VALRICO FL 33594	
TITLE	VD	<input type="checkbox"/> 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	<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	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	D RAY DeLoney
STREET ADDRESS	5000 STRAFFORD OAK DR.
CITY-ST-ZIP	Sebring, FL 33875

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*James E Alderman Sec-Treas.* 1-25-06(863)467-4550