



# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 15, 2005 08:00 AM**  
**Secretary of State**

|  |   |   |   |   |  |
|--|---|---|---|---|--|
| <b>DOCUMENT # 348734</b><br>1. Entity Name<br><b>PIONEER RANCH &amp; SUGAR FARMS INC</b>   |   |   |   |    |  |
| Principal Place of Business<br><b>209 S MAIN ST<br/>BELLE GLADE FL 33430</b>   |   |   |   | Mailing Address<br><b>209 S MAIN ST<br/>BELLE GLADE FL 33430</b>  |  |
| 2. Principal Place of Business<br>Suite, Apt. #, etc.  |   | 3. Mailing Address<br>Suite, Apt. #, etc. |   | <br>1st MOORE CR2E034 (10/04)  |  |
| City & State   |   | City & State                              |   |   |  |
| Zip  |   | Zip                                       |   |   |  |
| Country  |   | Country                                   |   |   |  |
| 4. FEI Number <b>59-1266538</b>  |   |   |   | Applied For<br><input type="checkbox"/> Not Applicable  |  |
| 5. Certificate of Status Desired <input type="checkbox"/>  |   |   |   | <b>\$8.75</b> Additional Fee Required   |  |
| 6. Name and Address of Current Registered Agent<br><br><b>PATE, S C<br/>209 S MAIN ST<br/>BELLE GLADE FL 33430</b>   |   |   |   | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div> |  |
| 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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>  |   |   |   |   |  |
| <div style="display: flex; justify-content: space-between;"> <div style="width: 40%;"> <b>FILE NOW!!! FEE IS \$150.00</b><br/> <b>After May 1, 2005 Fee Will Be \$550.00</b><br/> <b>Make Check Payable to Florida Department of State</b> </div> <div style="width: 60%;">         9. Election Campaign Financing<br/>         Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees       </div> </div> |   |   |   |   |  |
| 10. OFFICERS AND DIRECTORS   |   |   | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP   | P<br>PATE, SC<br>209 S MAIN ST<br>BELLE GLADE FL                      | <input type="checkbox"/> Delete           | TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP      | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP   | V<br>PATE, STEPHEN L<br>209 S MAIN ST<br>BELLE GLADE FL               | <input type="checkbox"/> Delete           | TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP      | <input type="checkbox"/> Change <input type="checkbox"/> Addition<br><div style="text-align: center;"> <b>U000000306600</b><br/> <b>04/15/05-80019-018 150.00</b> </div>  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP   | ST<br>PATE, VIVIAN W<br>209 SOUTH MAIN STREET<br>BELLE GLADE FL 33430 | <input type="checkbox"/> Delete           | TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP      | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP   | D<br>SHEER, CINDY M.<br>209 S MAIN ST<br>BELLE GLADE FL               | <input type="checkbox"/> Delete           | TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP      | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP   | D<br>PATE, CRAIG, D<br>209 S MAIN ST<br>BELLE GLADE FL 33430          | <input type="checkbox"/> Delete           | TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP      | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP   | <br><br><br>  | <input type="checkbox"/> Delete           | TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP      | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |

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:** Vivian W. Pate **VIVIAN W. PATE** 4-07-05 996561-2546  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #