

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

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

DOCUMENT # 444276

1. Entity Name
RAY C. HULL RANCH, INC.



Principal Place of Business

**N E INTERSECTION DOOLEY STATE RD, 833
PO BOX 427
LABELLE, FL 33935**

Mailing Address

**N E INTERSECTION DOOLEY STATE RD, 833
PO BOX 427
LABELLE, FL 33935**



01132006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1510632

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**HULL, ROSA L
123 HENDRY ST.
LA BELLE, FL 33975**

**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 re-registering)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$350.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	HULL, ROSA L
STREET ADDRESS	NE INT DOOLEY RD, SR 833
CITY-ST-ZIP	LABELLE, FL
TITLE	TD
NAME	WILLIS, GLENDA
STREET ADDRESS	P.O. BOX 337, NA
CITY-ST-ZIP	FELDA, FL
TITLE	VD
NAME	HULL, RAY C, JR
STREET ADDRESS	NE INT DOOLEY RD, SR 833
CITY-ST-ZIP	LABELLE, FL 00000
TITLE	SD
NAME	BRIGHTMAN, LAURA M
STREET ADDRESS	7158 BUCKNELL DR
CITY-ST-ZIP	FORT MYERS, FL 33908
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U000000433064
02/23/06-80095-015 150.00

**DO NOT WRITE
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 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Rosa L Hull pres. Rosa L Hull, 2-9-06 863-675-2060

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #