

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 467262

Entity Name: CIRCLE I RANCH, INC.

FILED
Feb 02, 2009
Secretary of State

Current Principal Place of Business:

7449 CARLTON ROAD
PORT SAINT LUCIE, FL 34987

New Principal Place of Business:

7449 CARLTON ROAD
FT. PIERCE, FL 34987

Current Mailing Address:

7449 CARLTON ROAD
PORT SAINT LUCIE, FL 34987

New Mailing Address:

7449 CARLTON ROAD
FT. PIERCE, FL 34987

FEI Number: 59-1564917

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HUMPHRIES, JOANNE
7449 CARLTON RD.
PORT SAINT LUCIE, FL 34987 US

Name and Address of New Registered Agent:

HUMPHRIES, JOANNE
7449 CARLTON RD.
FT. PIERCE, FL 34987 US

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.

SIGNATURE: JOANNE C. HUMPHRIES

02/02/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: HUMPHRIES, JOANNE C.,
Address: 7449 CARLTON RD.
City-St-Zip: FT. PIERCE, FL

Title: P () Delete
Name: HUMPHRIES, JOANNE C.
Address: 7449 CARLTON RD.
City-St-Zip: FT. PIERCE, FL

Title: TMD () Delete
Name: HUMPHRIES, FRED
Address: 7448 CARLTON RD
City-St-Zip: FT PIERCE, FL 34987

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOANNE C. HUMPHRIES

PRES

02/02/2009

Electronic Signature of Signing Officer or Director

Date