

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Apr 26, 2006 08:00 AM
Secretary of State

DOCUMENT # 467303 1. Entity Name RAFTER S RANCH, INC					
Principal Place of Business STEPHENS RD. WAUCHULA FL 33873 US			Mailing Address P.O. BOX 21 HOMELAND FL 33847 US		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number 59-1649629	
5. Certificate of Status Desired ☐				Applied For Not Applicable	
6. Name and Address of Current Registered Agent BUMGARNER, JAMES G 405 E. CLOWER ST. BARTOW FL 33830				7. Name and Address of New Registered Agent 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 _____ (NOTE: Registered Agent signature required when registering)					
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 \$5.00 May Be Trust Fund Contribution. ☐ Added to Fees		
10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD BUMGARNER, GARY D 405 E. CLOWER ST. BARTOW FL	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Add	
STD BUMGARNER, DOROTHY D 405 E. CLOWER ST. BARTOW FL	☐ Delete	000000536534 05/08/06-80100-002 150.00			
D BUMGARNER, JAMES G 405 E. CLOWER ST. BARTOW FL	☐ Delete	☐ Change ☐ Add			
D BUMGARNER, WILLIAM G. 16 JONES ST CLARTERSVILLE GA 30120	☐ Delete	☐ Change ☐ Add			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	☐ Change ☐ Add			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	☐ Change ☐ Add			

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: *Dorothy D. Bumgarner* *Dorothy D. Bumgarner* 4/24/06 863-533-5942