

2004 FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2004 8:00 am
Secretary of State

04-28-2004 90175 040 ***150.00

DOCUMENT # 555650

1. Entity Name
RANCHERO PROPERTIES, INC.



Principal Place of Business

3801 BEE RIDGE RD STE 12
SARASOTA, FL 34233

Mailing Address

3801 BEE RIDGE RD STE 12
SARASOTA, FL 34233



03032004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1786593

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

TURNER, JIM
~~1550 RINGLING BLVD~~ 900 So. Orange Ave.
SARASOTA, FL ~~33577~~ 34236

**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 reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE VD
NAME KENDALL, HERBERT J
STREET ADDRESS ~~2327 LA MESA DRIVE~~ 1475 E. Mountain Dr.
CITY-ST-ZIP ~~SANTA MONICA, CA 90400~~ Montecito, CA 93108

TITLE STD
NAME BERMAN, MANDELL L
STREET ADDRESS 29100 N'WESTERN HWY #370
CITY-ST-ZIP SOUTHFIELD, MI 00000, 48034

TITLE PD
NAME NEWBY, MARTIN
STREET ADDRESS 3801 BEE RIDGE RD., S-12
CITY-ST-ZIP SARASOTA, FL 00000, 34233

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-18-04

941-973-1456

Date

Daytime Phone #