

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 09, 2007 8:00 am
Secretary of State

04-09-2007 90081 042 ***150.00

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1. Entity Name
RAFTER C. RANCH, INC.



Principal Place of Business

**STATE ROAD 684
1143 MOFFITT RD.
ZOLFO SPRINGS, FL 33890 US**

Mailing Address

**STATE ROAD 684
1143 MOFFITT RD.
ZOLFO SPRINGS, FL 33890 US**



02262007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2044356

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**CARLTON, ELLA MAE
STATE RD 684
1143 MOFFITT RD.
ZOLFO SPRINGS, FL 33890**

**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 reappointing)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	S
NAME	BROWN SANDRA C
STREET ADDRESS	1143 MOFFITT RD
CITY - ST - ZIP	ZOLFO SPRINGS, FL
TITLE	T
NAME	CARLTON, RONNIE S
STREET ADDRESS	4372 JOHN CARLTON RD
CITY - ST - ZIP	ZOLFO SPRINGS, FL 00000,
TITLE	P
NAME	CARLTON, ELLA MAE
STREET ADDRESS	1143 MOFFITT RD
CITY - ST - ZIP	ZOLFO SPRINGS, FL 00000,
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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Sandra C Brown Sandra C Brown 3/1/07 8637350041