


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Jan 13, 2005 08:00 AM
Secretary of State**

DOCUMENT # 677172 1. Entity Name TRIPLE B RANCH, INC.	
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Principal Place of Business 22346 120TH ST C/O KEN BARTOLOTTI LIVE OAK, FL 32060 US	Mailing Address 22346 120TH ST C/O KEN BARTOLOTTI LIVE OAK, FL 32060 US
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DO NOT WRITE IN THIS SPACE



01102005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2089831	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BARTOLOTTI, KEN
22346 120TH ST
LIVE OAK, FL 32060

**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 _____ (NOTE: Registered Agent signature required when reinstalling) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT BARTOLOTTI, KENNETH L 22346 120TH ST LIVE OAK, FL 00000,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS BARTOLOTTI, MARION M 22346 120TH STREET LIVE OAK, FL 32060
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01/13/05-80017-012 150.00

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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: Kenneth L Bartolotti Kenneth L Bartolotti 1-10-05 386 658 2010
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #