

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 12, 2006 8:00 am**  
**Secretary of State**

04-12-2006 90079 032 \*\*\*158.75

**DOCUMENT # 686334**

1. Entity Name  
**RATTLESNAKE RANCH, INC.**



Principal Place of Business

% VIRGINIA JOHNS  
P.O. BOX 1000  
ALACHUA, FL 32615

Mailing Address

P.O. BOX 1000  
ALACHUA, FL 32616 US

**DO NOT WRITE IN THIS SPACE**



01132006 No Chg-P CR2E034 (11/05)

4. FEI Number  
**59-3098859**

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

JOHNS, VIRGINIA  
INDUSTRIAL PARK, SOUTH 441  
ALACHUA, FL 32615

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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, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	TD
NAME	JOHNS, VIRGINIA
STREET ADDRESS	4407 NW 93RD AVE
CITY-ST-ZIP	GAINESVILLE, FL
TITLE	VD
NAME	JOHNS, KENNETH
STREET ADDRESS	%INDUSTRIAL PARK, S. 441
CITY-ST-ZIP	ALACHUA, FL
TITLE	PD
NAME	HIPP, JOHN C.
STREET ADDRESS	%INDUSTRIAL PARK, S. 441
CITY-ST-ZIP	ALACHUA, FL
TITLE	SD
NAME	HIPP, MARY F.
STREET ADDRESS	% INDUSTRIAL PK., S 441
CITY-ST-ZIP	ALACHUA, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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 fees empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #