

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 05, 2007 08:00 AM
Secretary of State

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



02012007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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

**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, 2007 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

000000656134
03/14/07-80014-010 158.75

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TD
JOHNS, VIRGINIA
4407 NW 93RD AVE
GAINESVILLE, FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

VD
JOHNS, KENNETH
%INDUSTRIAL PARK, S. 441
ALACHUA, FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

PD
HIPPI, JOHN C.
%INDUSTRIAL PARK, S. 441
ALACHUA, FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

SD
HIPPI, MARY F.
% INDUSTRIAL PK., S 441
ALACHUA, FL

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 #

2/26/07