2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 27, 2006 08:00 AM
Secretary of State

DOCUMENT # F04000006655

1. Entity Name
HILLSBOROUGH RANCH CORP.

Principal Place of Business	Mailing Address
665 SIMONDS RD WILLIAMSTOWN, MA 01267	665 SIMONDS RD WILLIAMSTOWN, MA 01267

01102006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-1915374
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

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

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

000000406021
02/07/06-80062-020 150.00

10. OFFICERS AND DIRECTORS

TITLE	CP
NAME	PATTEN, HARRY S
STREET ADDRESS	665 SIMONDS RD
CITY-ST-ZIP	WILLIAMSTOWN, MA 01267
TITLE	VD
NAME	EMMONS, MICHAEL T
STREET ADDRESS	665 SIMONDS RD
CITY-ST-ZIP	WILLIAMSTOWN, MA 01267
TITLE	V
NAME	MURRAY, ALAN
STREET ADDRESS	665 SIMONDS RD
CITY-ST-ZIP	WILLIAMSTOWN, MA 01267
TITLE	T
NAME	SMITH, TIMOTHY
STREET ADDRESS	665 SIMONDS RD
CITY-ST-ZIP	WILLIAMSTOWN, MA 01267
TITLE	S
NAME	MCCARTHY, PAULA A SECY
STREET ADDRESS	665 SIMONDS RD
CITY-ST-ZIP	WILLIAMSTOWN, MA 01267
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: Paula A McCarthy 1/23/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #