

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 18, 2008 08:00 AM
Secretary of State

DOCUMENT # F33508

1. Entity Name
FOUR K RANCH, INC.



Principal Place of Business
**16,205 HWY. 98 NORTH
OKEECHOBEE, FL 34972**

Mailing Address
**16,205 HWY. 98 NORTH
OKEECHOBEE, FL 34972**



01162008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2107565

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**BASS, JO ANNE
16205 HWY 98 N.
OKEECHOBEE, FL 34972**

**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, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

1100000728799

01/18/08-80056-002 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT COLGAN-BASS, STEPHANIE 3275 RAMBLER AVE ST CLOUD, FL 34772
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BASS, JO ANNE 16205 HWY 98 N. OKEECHOBEE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BASS, J.C. 16205 HWY 98 N. OKEECHOBEE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DANIEL-MCGOWAN, MARCIA A 3741 S.W. COQUINA COVE WAY APT 108 PALM CITY, FL 34990
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BASS, JAMES M 17165 HWY 98 N. OKEECHOBEE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D THOMAS, KIMBERLEY BASS 17165 HWY 98 N OKEECHOBEE, FL 34972

**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: *Joanne Bass* **JOANNE BASS, Secy.**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-16-08 *863-467-8995*