FILED
Jan 10, 2005 08:00 AM
Secretary of State

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F35857

1. Entity Name
J.F. RANCH, INC.

Principal Place of Business	Mailing Address
RT 6 BOX 988 OKEECHOBEE, FL 34974 US	RT 6 BOX 988 OKEECHOBEE, FL 34974 US

01062005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2098962
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

PEARCE, JOHN F
RT 5 BOX 988
HWY 78 W., GLADES COUNTY
OKEECHOBEE, FL 34974

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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 _____
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, 2005 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	PEARCE, JOHN F
STREET ADDRESS	RT 6 BOX 788
CITY-ST-ZIP	OKEECHOBEE, FL
TITLE	S
NAME	PEARCE, IDELL
STREET ADDRESS	RT 6 BOX 788
CITY-ST-ZIP	OKEECHOBEE, FL
TITLE	V
NAME	CRONCICH, HAROLD E.
STREET ADDRESS	RT. 6, BOX 789
CITY-ST-ZIP	OKEECHOBEE, FL
TITLE	V
NAME	ARCE, JOHN F. JR. (2ND
STR	BOX 788
	OBEE, FL

U00000176384
01/11/05-80018-022 150.00

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...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 ...ental 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 ...or trustees empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if ...with an address, with all other like empowered.

John F. Pearce 1-6-05 863-763-4540
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #