

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 12, 2004 8:00 am
Secretary of State

04-12-2004 90645 025 ***150.00

DOCUMENT # F61178

1. Entity Name
SIXTY NINE RANCH, INC.



Principal Place of Business

**PEARCE, JOHN F.
RR 6 BOX 988
OKEECHOBEE, FL 34974 US**

Mailing Address

**%PEARCE, JOHN, F.
RR 6 BOX 988
OKEECHOBEE, FL 34974 US**



03272004 No Chg-P CR2E034 (10/03)

4. FEI Number **59-2008962 45-0536848** Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**PEARCE, JOHN F.
RT 6 BOX 988
HWY 78 W.
OKEECHOBEE, FL 34974**

**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, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME PEARCE, JOHN F
STREET ADDRESS RR 6 BOX 988
CITY-ST-ZIP OKEECHOBEE, FL

TITLE SD
NAME PEARCE, IDELL
STREET ADDRESS RR 6 BOX 988
CITY-ST-ZIP OKEECHOBEE, FL

TITLE DT
NAME PEARCE, JR., JOHN
STREET ADDRESS 1920 SW 19H LN
CITY-ST-ZIP OKEECHOBEE, FL

TITLE D
NAME LEWIS, MARTHA R.
STREET ADDRESS 902 WELSH LN
CITY-ST-ZIP JACKSONVILLE, NC

TITLE D
NAME CRONCICH, CYNTHIA
STREET ADDRESS RR 6 BOX 989
CITY-ST-ZIP OKEECHOBEE, FL

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 exemption stated in Section 119.07(3)(i), 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:

John F. Pearce
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/7/04
Date

Daytime Phone #