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

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F61178

1. Entity Name
SIXTY NINE RANCH, INC.

Principal Place of Business	Mailing Address
PEARCE, JOHN F. RR 6 BOX 988 OKEECHOBEE, FL 34974 US	PEARCE, JOHN, F. RR 6 BOX 988 OKEECHOBEE, FL 34974 US

DO NOT WRITE IN THIS SPACE

01062005 No Chg-P CR2E034 (10/03)

4. FEI Number: 45-0536848 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 6 BOX 988
HWY 78 W.
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: _____ 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, 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	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	

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