

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F92594

Entity Name: J 5 RANCH, INC.

**FILED**  
**Mar 19, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

17190 NW 176 AVE  
OKEECHOBEE, FL 34972

**New Principal Place of Business:**

**Current Mailing Address:**

17190 NW 176 AVE  
OKEECHOBEE, FL 34972

**New Mailing Address:**

FEI Number: 59-2207740

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CONELY, TOM W III  
401 N.W. 6TH STREET  
P.O. DRAWER 1367  
OKEECHOBEE, FL 34973 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PST  
Name: THOMAS, ZENA R  
Address: 17190 NW 176TH AVENUE  
City-St-Zip: OKEECHOBEE, FL 34972

Title: VP  
Name: CONELY, EVA MAE  
Address: 401 N.W. 6TH ST. P.O. BOX 1367  
City-St-Zip: OKEECHOBEE, FL 34973

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: EVA MAE CONELY

VP

03/19/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date