

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2005 8:00 am
Secretary of State

04-13-2005 90024 021 ***150.00

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1. Entity Name
LIDDELL RANCHES, INC.



Principal Place of Business
SADDLE CREEK APTS.
5414 26TH ST. W.
BRADENTON, FL 34207

Mailing Address
18741 S RIVER RD
ALVA, FL 33920

20030730



2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
2771 Teal Court

04022005 Chg-P CR2E034 (10/03)

City & State
Saint James City, FL
Zip
33956
Country
Lee

4. FEI Number
94-2497684
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LIDDELL, NORMAN J
18741 S RIVER RD
ALVA, FL 33920

Name
Liddell, Norman J
Street Address (P.O. Box Number is Not Acceptable)
2771 Teal Court
City
Saint James City FL Zip Code
33956

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]*
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE
4/6/05

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
PC
LIDDELL, ANDREW L
STREET ADDRESS
31211 N 64TH ST 6006 E. WILCOAT DR
CITY-ST-ZIP
CAVE CREEK, AZ 85331 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
VCV
LIDDELL, NORMAN J
STREET ADDRESS
18741 S RIVER RD
CITY-ST-ZIP
ALVA, FL 33920 ☐ Delete

TITLE
NAME
VCV
Liddell, Norman J
STREET ADDRESS
2771 Teal Court
CITY-ST-ZIP
Saint James City, FL 33956 ☒ Change ☐ Addition

TITLE
NAME
SD
WOLFE, BRENDA S
STREET ADDRESS
22895 FLORES AVENUE 557 ELLERIE CT
CITY-ST-ZIP
RED BLUFFS, CA 96080 2400 NEU, 89511 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
CFOT
WRIGHT, PATRICIA
STREET ADDRESS
5611 TWO 16TH PLACE N.E. 14985 GIBSON RD
CITY-ST-ZIP
REDMOND, WA 98052 ANACOSTIA, WA 98221 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #