


2005 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # G64993		
1. Entity Name BAR U RANCH, INC.		
Principal Place of Business % REX A. WYCKOFF 1838 KAZEN ROAD WAUCHULA, FL 33873 US	Mailing Address % REX A. WYCKOFF P.O. BOX 801 WAUCHULA, FL 33873 US	

Certified mail
FILED
704-250-8808 6540 32
May 02, 2005 08:00 AM
Secretary of State



04282005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2330462 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

WYCKOFF, REX A. 1838 KAZEN ROAD WAUCHULA, FL 33873
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**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

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 NAME STREET ADDRESS CITY-ST-ZIP	P WYCKOFF, REX A. 1838 KAZEN ROAD WAUCHULA, FL 33873
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ROLLINS, MARY W. 3048 HAMPTON ROAD, PO BOX 801 WAUCHULA, FL 33873
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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: Mary W Rollins
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/05 863-773-9673
Daytime Phone #