

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 13, 2008 08:00 AM
Secretary of State

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

1838 KAZEN RD
WAUCHULA, FL 33873 US



01092008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2330462

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

WYCKOFF, REX A.
1838 KAZEN ROAD
WAUCHULA, FL 33873

**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, 2008 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

UN00000925126
02/21/08-80037-017 150.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	WYCKOFF, REX A.
STREET ADDRESS	1838 KAZEN ROAD
CITY-ST-ZIP	WAUCHULA, FL 33873
TITLE	S
NAME	ROLLINS, MARY W.
STREET ADDRESS	105 MORRIS DR
CITY-ST-ZIP	SEBRING, FL 33876
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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 exemptions contained in Chapter 119, 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
MARY W. ROLLINS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/8/08 *863-655-2016*
Date Daytime Phone #