

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H64753

Entity Name: TRIPLE S RANCH, INC.

FILED  
Jan 06, 2009  
Secretary of State

## Current Principal Place of Business:

9300 NE 224TH ST.  
OKECHOBEE, FL 34972 US

## New Principal Place of Business:

## Current Mailing Address:

PO BOX 1136  
FT PIERCE, FL 349541136 US

## New Mailing Address:

P.O. BOX 1136  
FT PIERCE, FL 349541136 US

FEI Number: 59-2546825

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

BROWN, EDGAR A  
650 ROCK ROAD N.  
P.O. BOX 4506  
FT. PIERCE, FL 34948 US

## Name and Address of New Registered Agent:

BROWN, EDGAR A  
650 ROCK ROAD N.  
FT. PIERCE, FL 34948 US

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:

01/06/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: DVP ( ) Delete  
Name: SCOTT, PEGGY T.,  
Address: 9406 BUNTING LANE  
City-St-Zip: FORT PIERCE, FL 34951

Title: STD ( ) Delete  
Name: SCOTT, DAN C.,  
Address: 9406 BUNTING LANE  
City-St-Zip: FORT PIERCE, FL 34951

Title: PD ( ) Delete  
Name: SCOTT, ALFRED W.,  
Address: 365 NIEUPOORT DR  
City-St-Zip: VERO BEACH, FL

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: ALFRED SCOTT

MR.

01/06/2009

Electronic Signature of Signing Officer or Director

Date