


**2007 FOR PROFIT CORPORATION .
ANNUAL REPORT**

FILED
Mar 26, 2007 08:00 AM
Secretary of State

DOCUMENT # H68937 1. Entity Name SHERROUSE RANCH, INC.	
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Principal Place of Business 17450 ROCKRIDGE ROAD POLK CITY, FL 33868 US	Mailing Address 17450 ROCKRIDGE ROAD POLK CITY, FL 33868 US
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03022007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2584349	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent WATKINS, EARL LEE JR 17450 ROCKRIDGE ROAD POLK CITY, FL 33868
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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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing.) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 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	VD SHERROUSE, MARTHA R. 17450 ROCKRIDGE ROAD POLK CITY, FL 33868
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T WATKINS, KATHY SHERROUSE 17450 ROCKRIDGE ROAD POLK CITY, FL 33868
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WATKINS, EARL LEE JR 17450 ROCKRIDGE ROAD POLK CITY, FL 33868
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SHERROUSE, ANN W. 17550 ROCKRIDGE RD. POLK CITY, FL 33868
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000678436
04/02/07-80032-021 150.00

**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:  **Earl Lee WATKINS JR** **3/23/07** **863-859-5565**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #