

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**

**Feb 07, 2005 08:00 AM**  
**Secretary of State**

|                                                   |  |                                                                                   |
|---------------------------------------------------|--|-----------------------------------------------------------------------------------|
| <b>DOCUMENT # H77413</b>                          |  |  |
| 1. Entity Name<br><b>DOUBLE C BAR RANCH, INC.</b> |  |                                                                                   |

|                                                                                                                      |                                                                                                          |
|----------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|
| Principal Place of Business<br><b>C/O JAMES C. CHAPMAN<br/>3650 N CANOE CREEK RD<br/>KENANSVILLE FL 34739<br/>US</b> | Mailing Address<br><b>C/O JAMES C. CHAPMAN<br/>3650 N CANOE CREEK RD<br/>KENANSVILLE FL 34739<br/>US</b> |
|----------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|



1st MOORE CR2E034 (10/04)

|                                |         |                     |         |
|--------------------------------|---------|---------------------|---------|
| 2. Principal Place of Business |         | 3. Mailing Address  |         |
| Suite, Apt. #, etc.            |         | Suite, Apt. #, etc. |         |
| City & State                   |         | City & State        |         |
| Zip                            | Country | Zip                 | Country |

|                                    |                                                        |
|------------------------------------|--------------------------------------------------------|
| 4. FEI Number<br><b>59-1499802</b> | Applied For<br><input type="checkbox"/> Not Applicable |
|------------------------------------|--------------------------------------------------------|

|                                                           |                                       |
|-----------------------------------------------------------|---------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$8.75</b> Additional Fee Required |
|-----------------------------------------------------------|---------------------------------------|

|                                                                                                                                   |  |
|-----------------------------------------------------------------------------------------------------------------------------------|--|
| 6. Name and Address of Current Registered Agent<br><br><b>CHAPMAN, JAMES C<br/>3650 N CANOE CREEK RD<br/>KENANSVILLE FL 34739</b> |  |
|-----------------------------------------------------------------------------------------------------------------------------------|--|

|                                                    |             |
|----------------------------------------------------|-------------|
| 7. Name and Address of New Registered Agent        |             |
| Name                                               |             |
| Street Address (P.O. Box Number is Not Acceptable) |             |
| City                                               | FL Zip Code |

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 \_\_\_\_\_

|                                                                                                                                                 |                                                                                                                        |
|-------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------|
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2005 Fee Will Be \$550.00</b><br><b>Make Check Payable to Florida Department of State</b> | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees |
|-------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------|

| 10. OFFICERS AND DIRECTORS                         |                                                                                                 | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |                                                                   |
|----------------------------------------------------|-------------------------------------------------------------------------------------------------|-------------------------------------------------------|-------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | PD<br>CHAPMAN, JAMES<br>3650 CANOE CREEK RD<br>KENANSVILLE FL <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP    | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | D<br>CHAPMAN, LESLIE C<br>3650 CANOE CREED RD<br>KENANSVILLE FL <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP    | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Delete                                                                 | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP    | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Delete                                                                 | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP    | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Delete                                                                 | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP    | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Delete                                                                 | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP    | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

000000218001  
02/07/05-80048-004 150.00

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:** *Leslie C Chapman* **Leslie C Chapman** 2/1/05 407 892 2414  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #