

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 04, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # L68876**

1. Entity Name  
CORPORAL J RANCH, INC.



Principal Place of Business  
19645 HWY 98 N  
OKEECHOBEE, FL 34972

Mailing Address  
19645 HWY 98 N  
OKEECHOBEE, FL 34972



04062005 No Chg-P CR2E034 (10/03)

4. FEI Number  
65-0192251

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**

CLEMONS, O. JEFFREY  
19645 HWY 98 N  
OKEECHOBEE, FL 34972

**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, 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	PD CLEMONS, O. JEFFREY 19645 HWY 98 N OKEECHOBEE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VST CLEMONS, DEBORAH S. 19645 HWY 98 N OKEECHOBEE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CLEMONS, DEBORAH S. 19645 HWY 98 N OKEECHOBEE, FL
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00000361621  
05/05/05-80083-018 150.00

**DO NOT WRITE  
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:**

*O. J. Clemons*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(863) 763-6987

Date

Daytime Phone #