

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 23, 2007 8:00 am
Secretary of State

02-23-2007 90033 014 ****70.00

60018863



DOCUMENT # N05000002548 1. Entity Name SHERIFFS RANCHES ENTERPRISES, INC.					
Principal Place of Business COUNTY ROAD 795 BOYS RANCH, FL 32060			Mailing Address PO BOX 2000 BOYS RANCH, FL 32064		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		01242007 Chg-NP CR2E037 (12/06)	
Zip		Country		4. FEI Number 20-2796863	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
BOUCHARD, ROGER O COUNTY ROAD 795 BOYS RANCH, FL 32060				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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FAHNOE, ERIK 1900 PARKSIDE CIRCLE S BOCA RATON, FL 33486	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILLIAMS, ALTON K 8639 133RD LANE LIVE OAK, FL 32060	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SEAGRAVES, TOMMY 76001 BOBBY MOORE CIRCLE YULEE, FL 32097	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DANIELS, CHRIS 360 W RUBY STREET TAVARES, FL 32778	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Hansell, Robert 360 W. Ruby Street Tavares, FL 32778
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TEMPLETON, TIM 1080 COMMERCE BLVD MIDWAY, FL 32343	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BOUCHARD, ROGER O JR POB 2000 LIVE OAK, FL 32064	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 617, 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: 2-20-07 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

ATTACHMENT

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#N05000002548

List all officers, directors, cont.

Change:

Tim Templeton

5404 Crofton Court

Tallahassee, FL 32317-1408

850/216-2800

Addition: D

Jerry C. Scott

5102 Sandpiper Lane S

St. Petersburg, FL 33711-4658

727/866-1038

Addition: D

Robert Hansell

2601 E. Irlo Bronson Memorial Hwy

Kissimmee, FL 34744-4912

407/348/1100