

2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Mar 25, 2009
Secretary of State

DOCUMENT# N05000002548

Entity Name: SHERIFFS RANCHES ENTERPRISES, INC.**Current Principal Place of Business:**9291 97TH LANE
LIVE OAK, FL 32060**New Principal Place of Business:****Current Mailing Address:**PO BOX 2000
BOYS RANCH, FL 32064**New Mailing Address:****FEI Number:** 20-2796863**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired (X)****Name and Address of Current Registered Agent:**BOUCHARD, ROGER O JR
2486 CECIL WEBB PLACE
LIVE OAK, FL 32060 US**Name and Address of New Registered Agent:**

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: C () Delete
Name: FAHNOE, ERIK
Address: 1900 PARKSIDE CIRCLE S
City-St-Zip: BOCA RATON, FL 33486

Title: S () Delete
Name: WILLIAMS, ALTON K
Address: 8639 133RD LANE
City-St-Zip: LIVE OAK, FL 32060

Title: VC () Delete
Name: WHITE, ROBERT
Address: 8700 CITIZEN DRIVE
City-St-Zip: NEW PORT RICHEY, FL 34654

Title: D (X) Delete
Name: HANSELL, ROBERT
Address: 2601 E ORLO BRONSON MEMORIAL HWY
City-St-Zip: KISSIMMEE, FL 34744

Title: D (X) Delete
Name: GRAVES, DEBRA
Address: 124 LAGONI LANE
City-St-Zip: LAKE PLACID, FL 33852

Title: P (X) Delete
Name: BOUCHARD, ROGER O JR
Address: 2486 CECIL WEBB PLACE
City-St-Zip: LIVE OAK, FL 32060

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: BOUCHARD, ROGER O JR
Address: 2486 CECIL WEBB PLACE
City-St-Zip: LIVE OAK, FL 32060

Title: VC (X) Change () Addition
Name: BASS, JANET W
Address: 2486 CECIL WEBB PLACE
City-St-Zip: LIVE OAK, FL 32060

Title: D (X) Change () Addition
Name: MILLS, LISA
Address: 9291 97TH LANE
City-St-Zip: LIVE OAK, FL 32060

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROGER O BOUCHARD JR

P

03/25/2009

Electronic Signature of Signing Officer or Director

Date