

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000001671

FILED
Feb 09, 2009
Secretary of State

Entity Name: R. O. RANCH, INC.

Current Principal Place of Business:

C/O SUWANNEE RIVER MANAGEMENT DISTRICT
9225 CR 49
LIVE OAK, FL 32060

New Principal Place of Business:

Current Mailing Address:

C/O SUWANNEE RIVER MANAGEMENT DISTRICT
9225 CR 49
LIVE OAK, FL 32060

New Mailing Address:

FEI Number: 20-4613674 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

STILL, DAVID
C/O SUWANNEE RIVER MANAGEMENT DISTRICT
9225 CR 49
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: P () Delete
Name: LOUIS, SHIVER
Address: 1770 NE LATITUDE RD
City-St-Zip: MAYO, FL 32066 US

Title: V () Delete
Name: ANNETTE, LAND B
Address: PO BOX 394
City-St-Zip: BRANFORD, FL 32008 US

Title: S () Delete
Name: COLEEN, AGNER F
Address: 1070 BUCKEYE NURSERY RD
City-St-Zip: PERRY, FL 32347 US

Title: D () Delete
Name: DANNY, LILES
Address: PO BOX 700
City-St-Zip: CROSS CITY, FL 32628 US

Title: D () Delete
Name: FRANK, SCHULTE
Address: PO BOX 26
City-St-Zip: MAYO, FL 32066 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: LOUIS SHIVER

P

02/09/2009

Electronic Signature of Signing Officer or Director

Date