

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000019238

Entity Name: CIRCLE H RANCH, INC.

FILED
Apr 16, 2009
Secretary of State

Current Principal Place of Business:

13055 SW 175TH AVE
BROOKER, FL 32622

New Principal Place of Business:

Current Mailing Address:

13055 SW 175TH AVE
BROOKER, FL 32622

New Mailing Address:

FEI Number: 59-3658751

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TAYLOR, JAMES J JR
420 SOUTH LAWRENCE
KEYSTONE HEIGHTS, FL 32656 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: HAZEN, JACK E
Address: 13870 SW 175TH AVE
City-St-Zip: BROOKER, FL 32622

Title: D () Delete
Name: HAZEN, CLARA T
Address: 13870 SW 175TH AVE
City-St-Zip: BROOKER, FL 32622

Title: D () Delete
Name: DAVIS, RUTH ELLA H
Address: 15454 SW SR 231
City-St-Zip: BROOKER, FL 32622

Title: O () Delete
Name: DAVIS, HAROLD P
Address: 15454 SW SR 231
City-St-Zip: BROOKER, FL 32622

Title: O () Delete
Name: DAVIS, PHILLIP W
Address: 13593 SW 175TH AVENUE
City-St-Zip: BROOKER, FL 32622

Title: O () Delete
Name: DAVIS, JASON S
Address: 13517 SW 191ST AVENUE
City-St-Zip: BROOKER, FL 32622

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:

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

SIGNATURE: RUTH H. DAVIS

D

04/16/2009

Electronic Signature of Signing Officer or Director

Date