2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

2/8

FILED
Mar 14, 2005 8:00 am
Secretary of State
02-08-2005 90016 043 ***150.00

DOCUMENT # P01000002873

1. Entity Name

3 L RANCH, INC.

Principal Place of Business	Mailing Address
907 W. NORTH PARK STREET OKEECHOBEE FL 34972	907 W. NORTH PARK STREET OKEECHOBEE FL 34972

bbUUJU14

1st MOORE CR2E034 (10/04)

2. Principal Place of Business.	3. Mailing Address
P.O. Box 1631	P.O. Box 1631
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: OKeechobee, FL	City & State: OKeechobee, FL
Zip: 34973 Country:	Zip: 34973 Country:

4. FEI Number 65-1075872 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
LEWIS, ALAN 907 W. NORTH PARK STREET OKEECHOBEE FL 34972	Name: [redacted], Alan Street Address (P.O. Box Number is Not Acceptable): 6000 N W 30th St. (NO Mail-receptacle) P.O. Box 1631 City: OKeechobee FL Zip Code: 34973

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] 2-3-05
Signature, type 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
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD LEWIS, ALAN 907 W. NORTH PARK STREET OKEECHOBEE FL 34972	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	 P.O. Box 1631 OKeechobee, FL 34973	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD LEWIS, KAREN 907 W. NORTH PARK STREET OKEECHOBEE FL 34972	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	 P.O. Box 1631 OKeechobee, FL 34973	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD LEWIS, JUSTIN 907 W. NORTH PARK STREET OKEECHOBEE FL 34972	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	 P.O. Box 1631 OKeechobee, FL 34973	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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: [signature] D. Alan Lewis, Pres. 2-3-05 863-634-3153
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #