



2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 25, 2008 8:00 am
Secretary of State

02-25-2008 90055 015 ***150.00

| | | | |
|--|--|---|---|
| DOCUMENT # P01000019342 1. Entity Name FREEDOM RANCH, INC. | |  | |
| Principal Place of Business 719 HIGHWAY 98 NORTH OKEECHOBEE, FL 34972 | | Mailing Address 719 HIGHWAY 98 NORTH OKEECHOBEE, FL 34972 | |
| 2. Principal Place of Business - No P.O. Box # 11655 Hwy 441 SE Suite, Apt. #, etc. | | 3. Mailing Address 11655 Hwy 441 SE Suite, Apt. #, etc. | |
| City & State Okeechobee, FL Zip 34974 | | City & State Okeechobee, FL Zip 34974 | |
| Country USA | | Country USA | |
| 4. FEI Number 65-1079395 | | Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent SWEATT, GEORGE L JR. 719 HIGHWAY 98 NORTH OKEECHOBEE, FL 34972 | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div> | |
| 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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning)</small> | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$880.00 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 SWEATT, GEORGE L JR. 719 HIGHWAY 98 NORTH OKEECHOBEE, FL 34972 | <input type="checkbox"/> Delete | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY- ST- ZIP | TD SWEATT, DOROTHY J 719 HIGHWAY 98 NORTH OKEECHOBEE, FL 34972 | <input type="checkbox"/> Delete | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY- ST- ZIP | VD GLENN, JOHN C 719 HIGHWAY 98 NORTH OKEECHOBEE, FL 34972 | <input type="checkbox"/> Delete | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY- ST- ZIP | SD GLENN, SANDI 719 HIGHWAY 98 NORTH OKEECHOBEE, FL 34972 | <input type="checkbox"/> Delete | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY- ST- ZIP | | <input type="checkbox"/> Delete | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY- ST- ZIP | | <input type="checkbox"/> Delete | <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 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:  | | 2/20/08 863-763-9800 <small>Date Daytime Phone #</small> | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | | |