

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 19, 2005 08:00 AM
Secretary of State

DOCUMENT # P02000063595	
1. Entity Name VALLEY 4 RANCH SUPPLY INC	
Principal Place of Business 2712 HWY 90 BONIFAY, FL 32425	Mailing Address 2712 HWY 90 BONIFAY, FL 32425



04072005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 01-0719690	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**ELLENBURG, LISA N
1136 ENGLISH LANE
WESTVILLE, FL 32484**

**DO NOT WRITE
IN THIS SPACE**

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

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

**1100000316011
04/19/05-80058-001 150.00**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BOMANN, KATHRYN 2712 HWY 90 BONIFAY, FL 32425
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST BOMANN, KATHRYN 2712 HWY 90 BONIFAY, FL 32425
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BOMANN, KATHRYN 2712 HWY 90 BONIFAY, FL 32425
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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Kathryn Bomann **KATHRYN BOMANN 850-547-3772**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #