

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000116722

1. Entity Name
BIG BUCK RANCH, INC.



Principal Place of Business

5409 COTEE RIVER DR
NEW PORT RICHEY, FL 34652

Mailing Address

5409 COTEE RIVER DR
NEW PORT RICHEY, FL 34652

FILED
Apr 23, 2005 08:00 AM
Secretary of State



03172005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
54-2086048

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

SWARTSEL, MARK
5409 COTEE RIVER DR
NEW PORT RICHEY, FL 34652

**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

Signature, typed 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**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE DP
NAME SWARTSEL, MARK
STREET ADDRESS 5409 COTEE RIVER DR
CITY-ST-ZIP NEW PORT RICHEY, FL 34652

TITLE VP
NAME ROBINSON, LOIS E
STREET ADDRESS 6067 OLEANDER AVE
CITY-ST-ZIP NEW PORT RICHEY, FL 34653

TITLE VP
NAME SEVERS, HUGH
STREET ADDRESS 290 RUE DES LACS
CITY-ST-ZIP TARPON SPRINGS, FL 34688

TITLE T
NAME ODOM, JASON B
STREET ADDRESS 10714 LAKE ALICE COVE
CITY-ST-ZIP ODESSA, FL 33556

TITLE S
NAME BRADLEY, THOMAS B
STREET ADDRESS 5012 W CYPRESS ST
CITY-ST-ZIP TAMPA, FL 33607

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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)(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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARK E. SWARTSEL

4/19/05

Date

Daytime Phone #