

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 27, 2006 08:00 AM
Secretary of State

DOCUMENT # P03000000189

1. Entity Name
DOUBLE B BAR RANCH, INC.



Principal Place of Business
**7500 HATCHINEHA RD
HAINES CITY, FL 33844**

Mailing Address
**P.O. BOX 3722
HAINES CITY, FL 33845**



01062006 No Chg-P CR2E034 (11/05)

4. FEI Number
NOT APPLICABLE Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**INGRAM, BRUCE B JR
7500 HATCHINEHA RD
HAINES CITY, FL 33844**

**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.

(If DTE Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	INGRAM, NANCY
STREET ADDRESS	P.O. BOX 3722
CITY-ST-ZIP	HAINES CITY, FL 33845
TITLE	VD
NAME	INGRAM, BRUCE B JR
STREET ADDRESS	P.O. BOX 3722
CITY-ST-ZIP	HAINES CITY, FL 33845
TITLE	TD
NAME	INGRAM, ROBERT W
STREET ADDRESS	P.O. BOX 3722
CITY-ST-ZIP	HAINES CITY, FL 33845
TITLE	SD
NAME	SCARBOROUGH, SHERRI L
STREET ADDRESS	P.O. BOX 3722
CITY-ST-ZIP	HAINES CITY, FL 33845
TITLE	D
NAME	TURNER, JASON D
STREET ADDRESS	P.O. BOX 3722
CITY-ST-ZIP	HAINES CITY, FL 33845
TITLE	D
NAME	INGRAM, BRUCE B III
STREET ADDRESS	P.O. BOX 3722
CITY-ST-ZIP	HAINES CITY, FL 33845

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02/07/06-80094-014 150.00

**DO NOT WRITE
IN THIS SPACE**

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

Nancy C. Ingram