


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 02, 2007 8:00 am**  
**Secretary of State**

05-02-2007 90115 035 \*\*\*150.00

**DOCUMENT # P03000084430**

1. Entity Name  
 MYRTLE ISLAND RANCH, INC.



Principal Place of Business  
 5001 SW RUCKS DAIRY ROAD  
 OKEECHOBEE, FL 34974

Mailing Address  
 5001 SW RUCKS DAIRY ROAD  
 OKEECHOBEE, FL 34974

2. Principal Place of Business - No P.O. Box #  
 5001 SW RUCKS DAIRY RD.  
 Suite, Apt. #, etc.

3. Mailing Address  
 Same  
 Suite, Apt. #, etc.

City & State  
 Okeechobee, Fla.

City & State  
 Okeechobee, FL

Zip  
 34974

Country  
 USA

Zip  
 34974

Country  
 USA



04172007 Chg-P CR2E034 (12/06)

6. Name and Address of Current Registered Agent

DEAN MEAD SERVICES LLC  
 800 N MAGNOLIA AVE STE 1500  
 ORLANDO, FL 32803

4. FEI Number  
 20-0133160

Applied For  
 Not Applicable

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

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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, 2007 Fee will be \$550.00**

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 PEARCE, EARL DOCK 5001 S.W. RUCKS DAIRY ROAD OKEECHOBEE, FL 34974 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Sam Mizell Pearce <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 5001 SW Rucks Dairy Road Okeechobee, FL 34974
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Sue Pearce <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 5001 SW Rucks Dairy Road Okeechobee, FL 34974
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Becky Pearce <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 5001 SW Rucks Dairy Road Okeechobee, FL 34974
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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:** Earl Dock Pearce 4/27/07 843-261-1289  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #