

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 22, 2004 8:00 am
Secretary of State

04-22-2004 90014 030 ***150.00

DOCUMENT # P03000089212

1. Entity Name

RANCH AT SLEEPY HOLLOW, INC.



Principal Place of Business

**2628 S CENTRAL AVE
FLAGLER BCH FL 32136**

Mailing Address

**2628 S CENTRAL AVE
FLAGLER BCH FL 32136**

54038671



MOORE CR2E034 (11/03)

2. Principal Place of Business

**Ranched Sleepy Hollow
Suite, Apt. #, etc.
42 Sleepy Hollow Trail**

3. Mailing Address

**42 Sleepy Hollow trail
Suite, Apt. #, etc.**

City & State

Palm Coast, Florida

City & State

Palm Coast, Florida

4. FEI Number

65-1201466

Applied For

Not Applicable

Zip

32164

Country

USA

Zip

32164

Country

Flagler

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**CONNER, TIMOTHY J
2 JUNGLE HUT RD STE 1
PALM COAST FL 32137**

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

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, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete

**D
NAME
BARR, ARTHUR M
STREET ADDRESS
2628 S CENTRAL AVE
CITY-ST-ZIP
FLAGLER BCH FL 32136**

TITLE ☐ Delete

**PRESIDENT
NAME
BARR, GAIL
STREET ADDRESS
2628 S CENTRAL AVE
CITY-ST-ZIP
FLAGLER BCH FL 32136**

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

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TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Gail Barr, Gail Barr
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/8/04
Date

437-5683
Daytime Phone #