

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**Aug 07, 2007 08:00 AM  
Secretary of State**

**DOCUMENT # P04000102299\***

1. Entity Name

JW RANCH ENTERPRISES, INC.



Principal Place of Business

13982 NW 160TH AVE  
WILLISTON, FL 32696 US

Mailing Address

PO BOX 125  
WILLISTON, FL 32696 US

**DO NOT WRITE IN THIS SPACE**



08012007 No Chg-P CR2E034 (11/05)

4. FEI Number

41-2054479

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

SHARON C. BRANNAN, CPA PA  
161 N. MAIN STREET  
WILLISTON, FL 32696

**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

*Jill K Brown Pres.*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

8-1-07

**FILE NOW!!! FEE IS \$150.00  
Due by September 14, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

In accordance with s. 607.193(2)(b), F.S., the  
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE *Pres.*  
NAME BROWN, JILL S  
STREET ADDRESS 13982 NW 160TH AVE  
CITY-ST-ZIP WILLISTON, FL 32696

TITLE *Pres. S/T*  
NAME BROWN, NATHAN W IV  
STREET ADDRESS 13982 NW 160TH AVE  
CITY-ST-ZIP WILLISTON, FL 32696

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**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:

*Jill K Brown Pres.*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

8-1-07 352-529-2687