


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2008 8:00 am
Secretary of State

04-30-2008 90159 031 ***150.00

DOCUMENT # P07000052644 1. Entity Name JESSICA & BRAYDEN RANCH, INC.			
Principal Place of Business 3151 SW 136TH AVENUE DAVIE, FL 33330		Mailing Address 3151 SW 136TH AVENUE DAVIE, FL 33330	
2. Principal Place of Business - No P.O. Box # 3151 SW 136 Ave		3. Mailing Address 3151 SW 136 Ave	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 	
City & State DAVIE FL		City & State DAVIE FL	
Zip 33330		Zip 33330	
Country USA		Country USA	
6. Name and Address of Current Registered Agent BOURN, MICHAEL 3151 SW 136TH AVENUE DAVIE, FL 33330		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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: <u><i>Michael Bourn</i></u> (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable.			
9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BOURN, MICHAEL 3151 SW 136TH AVENUE DAVIE, FL 33330	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<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: <u><i>Michael Bourn</i></u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		<u>4/27/08</u> <u>954 4238546</u> Date Daytime Phone #	

60032244



04092008 Chg-P CR2E034 (12/06)

4. FEI Number **208943768** Applied For
Not Applicable

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