2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 25, 2009
Secretary of State

DOCUMENT# P08000109771

Entity Name: DOUBLE C BAR RANCH, INC.

Current Principal Place of Business:

3650 NORTH CANOE CREEK ROAD
KENANSVILLE, FL 34739

New Principal Place of Business:

Current Mailing Address:

3650 NORTH CANOE CREEK ROAD
KENANSVILLE, FL 34739

New Mailing Address:

FEI Number: 26-3978636 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DELOACH BRYANT, CARLA
1206 EAST RIDGEWOOD STREET
ORLANDO, FL 32803 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: CHAPMAN, JAMES C II
Address: 3650 NORTH CANOE CREEK ROAD
City-St-Zip: KENANSVILLE, FL 34739

Title: D ( ) Delete
Name: CHAPMAN, LESLIE C
Address: 3650 NORTH CANOE CREEK ROAD
City-St-Zip: KENANSVILLE, FL 34739

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: VP ( ) Change (X) Addition
Name: CHAPMAN, DENTON R
Address: 3650 NORTH CANOE CREEK ROAD
City-St-Zip: KENANSVILLE, FL 34739

Title: VP ( ) Change (X) Addition
Name: CHAPMAN, GIBBS D
Address: 3650 NORTH CANOE CREEK ROAD
City-St-Zip: KENANSVILLE, FL 34739

Title: VP ( ) Change (X) Addition
Name: CHAPMAN, CLIFTON J
Address: 3650 NORTH CANOE CREEK ROAD
City-St-Zip: KENANSVILLE, FL 34739

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LESLIE CHAPMAN D 03/25/2009

Electronic Signature of Signing Officer or Director — Date