

2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P93000011302

1. Entity Name
EL RANCHO HUNTING PRESERVE, INC.



FILED

2007 OCT 24 AM 9:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



10232007 Chg-P CR2E034 (12/06)

4. FEI Number
59-3172113

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

YATES, REX T
2153 COON HOLLOW TRAIL
CHIPLEY, FL 32428

7. Name and Address of New Registered Agent

Name Gerald Holley
Street Address (P.O. Box Number is Not Acceptable)
2153 Coon Hollow Trail
City Chipley FL Zip Code 32428

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

Gerald Holley

Oct. 23 2007

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Amended AR is \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D ☒ Delete
NAME YATES, REX T
STREET ADDRESS 2153 COON HOLLOW TRAIL
CITY-ST-ZIP CHIPLEY, FL 32428

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE President ☐ Change ☒ Addition
NAME Rexanne Holley
STREET ADDRESS 1382 B Church Ave
CITY-ST-ZIP Chipley FL 32428

TITLE ☐ Change ☒ Addition
NAME Secretary
STREET ADDRESS Gerald Holley
CITY-ST-ZIP 2153 Coon Hollow Trail
Chipley FL 32428

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
800111555638
10/31/07--01048--011 **61.25

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 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, 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:

Rexanne Holley

Oct. 23 2007

850-638-4317

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #