2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 14, 2007 08:00 AM
Secretary of State

DOCUMENT # P94000061345

1. Entity Name
TRADITION RANCH, INC.

Principal Place of Business	Mailing Address
16102 MCGLAMERY RD ODESSA, FL 33556	16102 MCGLAMERY RD SUITE 107A ODESSA, FL 33556

02282007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3265630
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

CROCKER, DOUGLAS W
16102 MCGLAMERY RD
ODESSA, FL 33556

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2007 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	STD
NAME	O'ROURKE, KAY D
STREET ADDRESS	17812 WILLOW LAKE DR.
CITY-ST-ZIP	ODESSA, FL
TITLE	PD
NAME	CROCKER, DOUGLAS W.
STREET ADDRESS	7611 LAKE CYPRESS DR.
CITY-ST-ZIP	ODESSA, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000666140
03/23/07-80058-019 150.00

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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: Douglas W Crocker 3/12/07 8139263882
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #