

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 16, 2008 08:00 AM
Secretary of State

DOCUMENT # P95000052782

1. Entity Name
BOOGER BOTTOM RANCH INC.



Principal Place of Business
**35950 ROBERTS RD
DADE CITY, FL 33525**

Mailing Address
**PO BOX 1454
DADE CITY, FL 33526**



04082008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3323701

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**KEITH, GARRICK N
35950 ROBERTS RD
DADE CITY, FL 33525**

**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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

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

000000899865
04/29/08-20007-006 150.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	RICH, LARRY
STREET ADDRESS	35930 ROBERTS RD
CITY- ST- ZIP	DADE CITY, FL
TITLE	S
NAME	KEITH, GREGORY A
STREET ADDRESS	34525 WHITTINGTON LN
CITY- ST- ZIP	DADE CITY, FL 33523
TITLE	D
NAME	KEITH, GARRICK N
STREET ADDRESS	11005 WIIRT RD, PO BOX 742
CITY- ST- ZIP	SAN ANTONION, FL 33576
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

**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:

Larry Rich *GARRICK KEITH*

4/12/08

813-239-4310

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #