

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

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

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

**DO NOT WRITE IN THIS SPACE**

04082008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3323701	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$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 resuming)

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**

U000000899865  
04/29/08-800007-006 150.00

10. OFFICERS AND DIRECTORS

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

4/12/08

813-239-4310

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #