

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 16, 2005 8:00 am**  
**Secretary of State**

02-16-2005 90025 032 \*\*\*158.75

DOCUMENT # P96000066549

1. Entity Name

A BAR S LAND & CATTLE COMPANY



Principal Place of Business

3814 SOUTH FIRST STREET  
SUITE B  
LAKE CITY FL 32025

Mailing Address

P O BOX 830  
LAKE CITY FL 32056  
US

2. Principal Place of Business

2128 SW Main Blvd

3. Mailing Address

Suite, Apt. #, etc.

Suite 103

City & State  
Lake City FL

City & State

Zip  
32025

Country  
US

Zip

Country

4. FEI Number  
59-3406886

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

TURBEVILLE, RON W  
3814 SOUTH FIRST STREET  
SUITE B  
LAKE CITY FL 32025

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

2128 SW Main Blvd

Suite 103

City  
Lake City

FL

Zip Code  
32025

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

*Ron W. Turbeville*

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, 2005 Fee Will Be \$550.00**

**Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
D  
TURBEVILLE, RON W  
3814 S. 1ST STREET, STE B  
LAKE CITY FL 32025 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Delete

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☒ Change ☐ Addition  
2128 SW Main Blvd, Suite 103  
Lake City, FL 32025

TITLE  
NAME  
STREET ADDRESS  
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

*Ron W. Turbeville* Ron W. Turbeville

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/16/05

386-752-5035

Date

Daytime Phone #