

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 25, 2005 08:00 AM
Secretary of State

DOCUMENT # P96000097412

1. Entity Name
4 BUCKS RANCH, INC.



Principal Place of Business
**2521 JONILA AVE
LAKELAND, FL 33803-3246 US**

Mailing Address
**2521 JONILA AVE
LAKELAND, FL 33803-3246 US**



02212005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3429261

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**STIDHAM, JONATHAN
150 EAST DAVIDSON STREET
BARTOW, FL 33830**

**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, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
STIDHAM, JONATHAN
150 E DAVIDSON STREET
BARTOW, FL**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
CAMPBELL, HANK B
1 LAKE MORTON DRIVE
LAKELAND, FL**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
BRUSH, ROBERT M
825 E MAIN ST
LAKELAND, FL 33801**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
JAMES, JACK P III
1 LAKE MORTON DRIVE
LAKELAND, FL**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

000000243265
02/25/05-80031-019 150.00

**DO NOT WRITE
IN THIS SPACE**

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:

Robert M. Brush **Robert M. Brush** 2/24/05 863 603 0562

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #