

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 10, 2006 8:00 am
Secretary of State

02-10-2006 90014 019 ***150.00

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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**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/05)

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

7. Name and Address of New Registered Agent

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

Name

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

City

FL

Zip Code

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, 2006 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

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

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

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

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME **D. BRUSH, ROBERT M**
STREET ADDRESS **842 S MISSOURI AVE**
CITY-ST-ZIP **LAKELAND, FL 33815**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Robert M. Brush
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ROBERT M. BRUSH

1/26/06

(863) 603-0563

Date

Daytime Phone #