

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2007 08:00 A
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**



04092007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3429261	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

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 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 842 S MISSOURI AVE LAKELAND, FL 33815
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	

**DO NOT WRITE
IN THIS SPACE**

U00000701404
04/20/07-80053-020 150.00

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: Robert M. Brush Robert M. Brush 4/9/07 763 603 0563
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #