

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 17, 2006 8:00 am
Secretary of State

02-17-2006 90081 041 ***150.00

DOCUMENT # P98000078692

1. Entity Name

EAGLE'S NEST RANCH, INC.



Principal Place of Business

3035 S. W. PINEMOUNT ROAD
LAKE CITY FL 32024

Mailing Address

3035 S. W. PINEMOUNT ROAD
LAKE CITY FL 32024



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3532966

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

1st MOORE

CR2E034 (10/05)

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ESPENSHIP, TANA
2903 SOUTHWEST PINEMOUNT ROAD
LAKE CITY FL 32024

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

1/27/06

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 P ☐ Delete
NAME ESPENSHIP, TANA
STREET ADDRESS 2903 SOUTHWEST PINEMOUNT ROAD
CITY-ST-ZIP LAKE CITY FL 32024

TITLE VP ☐ Delete
NAME DUCKETT, BARBARA
STREET ADDRESS 2903 SOUTHWEST PINEMOUNT ROAD
CITY-ST-ZIP LAKE CITY FL 33024

TITLE Sec. ☐ Delete
NAME Garry Brock Espenship
STREET ADDRESS 431 S.W. Regiment.
CITY-ST-ZIP Lake City, FL 32024

TITLE Treasurer ☐ Delete
NAME Jordan Michael Espenship
STREET ADDRESS 819 N.W. Turner Av Apt 104
CITY-ST-ZIP Lake City, FL 32055

TITLE Director ☐ Delete
NAME Kyle Gavan Espenship
STREET ADDRESS 212 S.W. Memorial Drive.
CITY-ST-ZIP Ft. White FL 32038

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
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-27-2006

386/758-0055

Date

Daytime Phone #