

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P99000087896

1. Entity Name  
LOS RANCHEROS OF PANAMA CITY, INC.



Principal Place of Business  
208 W. 23RD STREET  
PANAMA CITY, FL 32405

Mailing Address  
208 W. 23RD STREET  
PANAMA CITY, FL 32405

**DO NOT WRITE IN THIS SPACE**

**FILED**  
**Jul 22, 2008 08:00 AM**  
**Secretary of State**



07112008 No Chg-P CR2E034 (11/05)

|  |                                |
|--|--------------------------------|
| 4. FEI Number<br>59-3600690  | Applied For<br>Not Applicable  |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> | \$8.75 Additional Fee Required |

**6. Name and Address of Current Registered Agent**

HARE, DIANE C CPA  
2589 JENKS AVENUE  
PANAMA CITY, FL 32405

**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 \$550.00**  
**Due by September 12, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**10. OFFICERS AND DIRECTORS**

|                 |                      |
|-----------------|----------------------|
| TITLE           | PD                   |
| NAME            | CHAVEZ, ROGELIO      |
| STREET ADDRESS  | 100 JOHN KING RD.    |
| CITY - ST - ZIP | CRESTVIEW, FL 32536  |
| TITLE           | VSTD                 |
| NAME            | BARRAGAN, ISMAEL     |
| STREET ADDRESS  | 1007 GEORGIA AVENUE  |
| CITY - ST - ZIP | LYNN HAVEN, FL 32444 |
| TITLE           |                      |
| NAME            |                      |
| STREET ADDRESS  |                      |
| CITY - ST - ZIP |                      |
| TITLE           |                      |
| NAME            |                      |
| STREET ADDRESS  |                      |
| CITY - ST - ZIP |                      |
| TITLE           |                      |
| NAME            |                      |
| STREET ADDRESS  |                      |
| CITY - ST - ZIP |                      |

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IN THIS SPACE**

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:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-16-08

Date

Daytime Phone # \_\_\_\_\_