
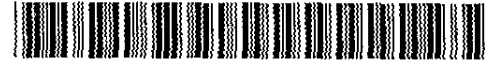


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 21, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # S06715</b> 1. Entity Name <b>THREE B RANCH, INC.</b>	
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Principal Place of Business <b>457 SOUTH COMMERCE AVENUE POST OFFICE BOX 43 WAUCHULA, FL 33873</b>	Mailing Address <b>457 SOUTH COMMERCE AVENUE POST OFFICE BOX 43 WAUCHULA, FL 33873</b>
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04052004 No Chg-P CR2E034 (10/03)

4. FEI Number <b>65-0227222</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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**DO NOT WRITE IN THIS SPACE**

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

**PRESCOTT, MICHAEL A.  
305 DANSBY RD.  
WAUCHULA, FL 33873**

**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, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

U000000122422  
04/21/04-80028-007 150.00

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY - ST - ZIP	D PRESCOTT, MICHAEL A. POST OFFICE BOX 43/ DANSBY RD. WAUCHULA, FL
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	D PRESCOTT, GARY E. 5348 NORTHDAL BLVD. TAMPA, FL
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	D JENKINS, SHARON M. 114 KING RICHARD COURT WILLIAMSBURG, VA
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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**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)(f), 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

4/16/04

Date

8637735183

Daytime Phone #