

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**May 26, 2005 08:00 AM
Secretary of State**

DOCUMENT # S06715

1. Entity Name
THREE B RANCH, INC.



Principal Place of Business
**457 SOUTH COMMERCE AVENUE
POST OFFICE BOX 43
WAUCHULA, FL 33873**

Mailing Address
**457 SOUTH COMMERCE AVENUE
POST OFFICE BOX 43
WAUCHULA, FL 33873**



04072005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0227222

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

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, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D
NAME PRESCOTT, MICHAEL A.
STREET ADDRESS POST OFFICE BOX 43/ DANSBY RD.
CITY-ST-ZIP WAUCHULA, FL

TITLE D
NAME PRESCOTT, GARY E.
STREET ADDRESS 5348 NORTHDAL BLVD.
CITY-ST-ZIP TAMPA, FL

TITLE D
NAME JENKINS, SHARON M.
STREET ADDRESS 114 KING RICHARD COURT
CITY-ST-ZIP WILLIAMSBURG, VA

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000358422
05/27/05-80001-003 550.00

**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

Date

Daytime Phone #

843-773-2234