

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**Jul 05, 2007 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**



04102007 No Chg-P CR2E034 (11/05)

4. FEI Number

**65-0227222**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**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, 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  
PRESCOTT, MICHAEL A.  
POST OFFICE BOX 43/ DANSBY RD.  
WAUCHULA, FL**

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

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

U00000767120  
07/06/07-80001-012 550.00

**DO NOT WRITE  
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

Date

Daytime Phone #