

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S06715

FILED
Apr 14, 2009
Secretary of State

Entity Name: THREE B RANCH, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

457 SOUTH COMMERCE AVENUE
WAUCHULA, FL 33873

Current Mailing Address:

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

New Mailing Address:

POST OFFICE BOX 43
WAUCHULA, FL 33873

FEI Number: 65-0227222

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: PRESCOTT, MICHAEL A.
Address: POST OFFICE BOX 43/ DANSBY RD.
City-St-Zip: WAUCHULA, FL

Title: D () Delete
Name: PRESCOTT, GARY E.
Address: 5348 NORTHDAL BLVD.
City-St-Zip: TAMPA, FL

Title: D () Delete
Name: JENKINS, SHARON M.
Address: 114 KING RICHARD COURT
City-St-Zip: WILLIAMSBURG, VA

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: PRESCOTT, MICHAEL A.
Address: 305 DANSBY RD.
City-St-Zip: WAUCHULA, FL

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL PRESCOTT

RA

04/14/2009

Electronic Signature of Signing Officer or Director

Date