

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Feb 09, 2007 08:00 AM
Secretary of State**

DOCUMENT # S14906

1. Entity Name
DOGGONE RANCH, INC.



Principal Place of Business
**26087 CR 137
O'BRIEN, FL 32071 US**

Mailing Address
**26087 CR 137
O BRIEN, FL 32071 US**



01042007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3044175

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**HARRIS, ALVIN
26087 CR 137
O'BRIEN, FL 32071**

**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**

**U000000629314
02/16/07-80047-024 150.00**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT HARRIS, ALVIN 26087 CR 137 O'BRIEN, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVS HARRIS, MILDRED E 26087 CR 137 O'BRIEN, FL
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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: Alvin Harris ALVIN HARRIS 1/25/2007 386/935-3514

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #