

**2007 FOR PROFIT CORPORATION^{*}
ANNUAL REPORT**

FILED

**Feb 26, 2007 08:00 A
Secretary of State**

DOCUMENT # S91096

1. Entity Name
3F RANCH, INC.



Principal Place of Business

**128 WEST OAK ST
ARCADIA, FL 34266 US**

Mailing Address

**P.O. BOX 2140
ARCADIA, FL 34265 US**



01312007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0298502

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**DUNHAM, JOHN R III
2 NORTH TAMiami TR
FIFTH FLOOR
SARASOTA, FL 34236**

**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**

UD00000649945
03/07/07-80071-019 150.00

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	HACKNEY, WILLIAM
STREET ADDRESS	128 WEST OAK ST
CITY - ST - ZIP	ARCADIA, FL 34266
TITLE	ST
NAME	ULLRICH, IRMGARD
STREET ADDRESS	SEESTRASSE 83
CITY - ST - ZIP	BAECH, SWITZERLAND,
TITLE	PD
NAME	ULLRICH, CHRISTIAN
STREET ADDRESS	HERMANNGASSE 20/2
CITY - ST - ZIP	VIENNA, AU A1070
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**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 #

Christian Ullrich 1/31/07