

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 20, 2005 8:00 am
Secretary of State

04-20-2005 90343 010 ***150.00

DOCUMENT # V02947

1. Entity Name

DEER RUN RANCH, INC.



Principal Place of Business

PO BOX 1248
OKEECHOBEE FL 34973

Mailing Address

PO BOX 1248
OKEECHOBEE FL 34973

50040391



1st MOORE

CR2E034 (10/04)

2. Principal Place of Business

12005 NE 120TH STREET

Suite, Apt. #, etc.

3. Mailing Address

12005 NE 120TH STREET

Suite, Apt. #, etc.

City & State

OKEECHOBEE FL

City & State

OKEECHOBEE, FL

Zip

34972

Country

OKEECHOBEE

Zip

34972

Country

OKEECHOBEE

4. FEI Number

65-0307436

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CANNON, KEVIN S.
219 E LIVINGSTON ST.
ORLANDO FL 32801

7. Name and Address of New Registered Agent

Name JAMES D. O'CONNELL

Street Address (P.O. Box Number is Not Acceptable)

12005 NE 120TH STREET

City

OKEECHOBEE

FL

Zip Code

34972

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

James D. O'Connell

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

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE ~~DP~~ ☒ Delete
NAME ~~CANNON, T.J.~~
STREET ADDRESS ~~12005 NE 120TH ST~~
CITY-ST-ZIP ~~OKEECHOBEE FL~~

TITLE ~~PRESIDENT~~ ☐ Delete
NAME ~~JAMES D. O'CONNELL~~
STREET ADDRESS ~~12005 NE 120TH STREET~~
CITY-ST-ZIP ~~OKEECHOBEE FL~~

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ~~PRESIDENT - DP~~ ☒ Change ☐ Addition
NAME ~~JAMES D. O'CONNELL~~
STREET ADDRESS ~~12005 NE 120TH STREET~~
CITY-ST-ZIP ~~OKEECHOBEE, FL 34972~~

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

James D. O'Connell

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #