


2005 FOR PROFIT CORPORATION ANNUAL REPORT


FILED
Mar 21, 2005 08:00 AM
Secretary of State

DOCUMENT # V45234
 1. Entity Name
 THE BAR D RANCH, INC.



Principal Place of Business Mailing Address
 BOX 36481, WASHINGTON LOOP ROAD BOX 36481, WASHINGTON LOOP ROAD
 PUNTA GORDA, FL 33982 PUNTA GORDA, FL 33982

DO NOT WRITE IN THIS SPACE



02082005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0348007	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 FAXON, DAVID P., JR.
 BOX 36481, WASHINGTON LOOP ROAD
 PUNTA GORDA, FL 33982

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

U00000271267
 03/21/05-80038-013 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD FAXON, DAVID P., JR. WASHINGTON LOOP ROAD PUNTA GORDA, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST FAXON, DAVID P., JR. WASHINGTON LOOP ROAD PUNTA GORDA, FL
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 #