

**2021 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P03000084430

**Entity Name:** MYRTLE ISLAND RANCH, INC.

**Current Principal Place of Business:**

5001 SW RUCKS DAIRY ROAD  
OKEECHOBEE, FL 34974

**Current Mailing Address:**

5001 SW RUCKS DAIRY ROAD  
OKEECHOBEE, FL 34974 US

**FEI Number:** 20-0133160

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

DEAN MEAD SERVICES, LLC  
420 S. ORANGE AVENUE  
SUITE 700  
ORLANDO, FL 32801 US

*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

**Officer/Director Detail :**

Title P, D  
Name PEARCE, SAM M  
Address 5001 SW RUCKS DAIRY RD  
City-State-Zip: OKEECHOBEE FL 34974

Title T, D  
Name PEARCE, SUE  
Address 5001 SW RUCKS DAIRY ROAD  
City-State-Zip: OKEECHOBEE FL 34974

Title S, D  
Name PEARCE, BECKY  
Address 5001 SW RUCKS DAIRY ROAD  
City-State-Zip: OKEECHOBEE FL 34974

Title VP, D  
Name CUMMINGS, LANIE  
Address 5001 SW RUCKS DAIRY ROAD  
City-State-Zip: OKEECHOBEE FL 34974

Title D  
Name MULLIS, LADONNA NICHOLE  
Address 5001 SW RUCKS DAIRY ROAD  
City-State-Zip: OKEECHOBEE FL 34974

*I hereby 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 all other like empowered.*

**SIGNATURE:** LANIE CUMMINGS

VP

04/07/2021

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date