

2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000019646

Entity Name: BLACK RIVER RANCH, INC.

Current Principal Place of Business:

4249 SW HIGH MEADOWS AVE
PALM CITY, FL 34990

Current Mailing Address:

4249 SW HIGH MEADOWS AVE
PALM CITY, FL 34990 US

FEI Number: 65-0906487

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CROOK, T. MICHAEL ,CPA
33 FLAGLER AVENUE
STUART, FL 34994 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 D
Name CIFERRI, RENEE
Address 4249 SW HIGH MEADOWS AVE
City-State-Zip: PALM CITY FL 34990

Title O
Name MEIRA, DANEILLE
Address 4249 SW HIGH MEADOWS AVE
City-State-Zip: PALM CITY FL 34990

Title O
Name CIFERRI, JESSICA
Address 4249 SW HIGH MEADOWS AVE
City-State-Zip: PALM CITY FL 34990

Title D
Name CIFERRI, MICHAEL SR
Address 4249 SW HIGH MEADOWS AVE
City-State-Zip: PALM CITY FL 34990

Title O
Name SCOTT, CATHERINE
Address 4249 SW HIGH MEADOWS AVE
City-State-Zip: PALM CITY FL 34990

Title O
Name MICHAEL, CIFERRI JR
Address 4249 SW HIGH MEADOWS AVE
City-State-Zip: PALM CITY FL 34990

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: MICHAEL CIFERRI

DIRECTOR

01/11/2017

Electronic Signature of Signing Officer/Director Detail

Date