2024 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

FILED Apr 03, 2024

Secretary of State

3828372743CC

Date

Date

Name and Address of Current Registered Agent:

SCOTT, CATHERINE R 4249 SW HIGH MEADOW AVENUE PALM CITY, FL 34990 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: CATHERINE SCOTT 04/03/2024

Electronic Signature of Registered Agent

Officer/Director Detail:

Title D Title D

Name CIFERRI, RENEE Name CIFERRI, MICHAEL SR

Address 4249 SW HIGH MEADOWS AVE Address 4249 SW HIGH MEADOWS AVE

City-State-Zip: PALM CITY FL 34990 City-State-Zip: PALM CITY FL 34990

Title O Title O

Name MEIRA, DANEILLE Name SCOTT, CATHERINE

Address 4249 SW HIGH MEADOWS AVE Address 4249 SW HIGH MEADOWS AVE

City-State-Zip: PALM CITY FL 34990 City-State-Zip: PALM CITY FL 34990

Title O Title C

Name CIFERRI, JESSICA Name MICHAEL, CIFERRI JR

Address 4249 SW HIGH MEADOWS AVE Address 4249 SW HIGH MEADOWS AVE

City-State-Zip: PALM CITY FL 34990 City-State-Zip: PALM CITY FL 34990

Title COMPTROLLER

Name FOLEY, KATHLEEN M

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: KATHLEEN M FOLEY COMPTROLLER 04/03/2024

Electronic Signature of Signing Officer/Director Detail