2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2007 08:00 AM
Secretary of State

DOCUMENT # 162706

1. Entity Name
CATTLE FARMS INC

Principal Place of Business	Mailing Address
#5 LAKE BREEZE CT KENNER, LA 70065 US	Y#5 LAKE BREEZE CT KENNER, LA 70065 US

02212007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
72-6021075
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND
PLANTATION, FL 33324

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2007 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	CAFFERY, TAYLOR L.
STREET ADDRESS	5420 CORPORATE BLVD, #101
CITY-ST-ZIP	BATON ROUGE, LA 70808
TITLE	D
NAME	CHASE, JAMES F JR
STREET ADDRESS	911 FLOWERING FIELD
CITY-ST-ZIP	WHITE STONE, VA 22578
TITLE	D
NAME	PEMBROKE, ALBERT N
STREET ADDRESS	PO BOX 636
CITY-ST-ZIP	KILMARNOCK, VA 22482
TITLE	D
NAME	BUCK, HARRY H JR
STREET ADDRESS	1305 TERRY WAY
CITY-ST-ZIP	FALLSTON, MD
TITLE	D
NAME	STEWART, HUGHES
STREET ADDRESS	6060 GENERAL MEYER AVE
CITY-ST-ZIP	NEW ORLEANS, LA 70131
TITLE	SDT
NAME	DART, JOHN JR
STREET ADDRESS	#3 SHADY LANE
CITY-ST-ZIP	COVINGTON, LA

U00000719226
05/01/07-80055-015 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: X _____ 16 Apr 07 225-928-6959
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #