


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2005 08:00 AM
Secretary of State

DOCUMENT # P03000039978	
1. Entity Name DOO-DAA CATTLE COMPANY	

Principal Place of Business 6486 WEST SEVEN RIVERS DRIVE CRYSTAL RIVER, FL 34429	Mailing Address 6486 WEST SEVEN RIVERS DRIVE CRYSTAL RIVER, FL 34429
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DO NOT WRITE IN THIS SPACE



04292005 No Chg-P CR2E084 (10/03)

4. FEI Number 56-2341802	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

**PULLUM, J. STEPHEN
1330 W. CITIZENS BLVD.
SUITE 701
LEESBURG, FL**

DO NOT WRITE IN THIS SPACE

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 releasing)

**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**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	D WHITE, MICHAEL J 6486 WEST SEVEN RIVERS DRIVE CRYSTAL RIVER, FL 34429
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D WHITE, AMY R 6486 WEST SEVEN RIVERS DRIVE CRYSTAL RIVER, FL 34429
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05/02/05-80037-011 150.00

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 file empowered.

SIGNATURE: *James R. White* *Amy R. White* *4/29/05 352-745-0419*
SIGNATURE AND TYPED OR PRINTED NAME OF ISSUING OFFICER OR DIRECTOR Date Dayfile Form 2