## **2005 FOR PROFIT CORPORATION ANNUAL REPORT**

## FILED Apr 19, 2005 08:00 AM Secretary of State **DOCUMENT # P93000028514** GUSTAFSON'S CATTLE, INC. Principal Place of Business Mailing Address PO BOX 40086 50 NORTH LAURA STREET STE 2750 JACKSONVILLE, FL 32203-0086 JACKSONVILLE, FL 32202 US No Chg-P CR2E034 (10/03) 04042005 DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-3175830 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent BRANT, ABRAHAM, REITER & MCCORMICK PA DO NOT WRITE STE 2750 50 NORTH LAURA STREET IN THIS SPACE JACKSONVILLE, FL 32202 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 (NOTE: Registered Apent signature required when reinstaling) DATE Signature, typed or printed name of registered agent and title if applicable. 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. DPVP TILE GUSTAFSON, E.S. JR. STREET ADDRESS STATE HWY. 16 W. U00000316922 CITY-ST-7IP GREEN COVE SPRINGS, FL 32043 04/19/05-80097-005 150.00 AS TITLE NAME WAGNER, GAIL G STREET ADDRESS STATE HWY 16 WEST CITY-ST-ZIP GREEN COVE SPRINGS, FL 32043 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE ME NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP गगः⊭ NAME STREET ADDRESS CITY-ST-ZIP

12. I hereby certify that the Information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), 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.

CICNATUDE.

4-4-2005