


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 26, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # P97000053447**  
 1. Entity Name  
 WITTER LAND & CATTLE COMPANY, INC.



Principal Place of Business: 10575 NW 76TH TERRACE, OCALA, FL 34482  
 Mailing Address: 10575 NW 76TH TERRACE, OCALA, FL 34482 US



04222004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number: 65-1008176 Applied For: Not Applicable  
 5. Certificate of Status Desired:  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
 COVERT, CONSTANCE M  
 10575 NW 76TH TERRACE  
 OCALA, FL 34482

**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: *Constance M Covert* CONSTANCE M COVERT DATE: 4-21-04  
(NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$350.00**

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	COVERT, CONSTANCE M
STREET ADDRESS	10575 NW 76TH TERRACE
CITY - ST - ZIP	OCALA, FL 34482
TITLE	D
NAME	WITTER, DAVID G
STREET ADDRESS	10575 NW 76TH TERRACE
CITY - ST - ZIP	OCALA, FL 34482
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

UD00000128734  
 04/25/04-80051-009 150.00

**DO NOT WRITE IN THIS SPACE**

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 like empowered.  
 SIGNATURE: *Constance M Covert* CONSTANCE M. COVERT DATE: 4-21-04 (352) 237-1477  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #