


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2004 8:00 am
Secretary of State

01-23-2004 90018 016 ***150.00

DOCUMENT # P99000045122

1. Entity Name
B & P CATTLE COMPANY



Principal Place of Business
**2719 TEMPLE ST.
 SARASOTA, FL 34239**

Mailing Address
**2719 TEMPLE ST.
 SARASOTA, FL 34239**

2. Principal Place of Business
6097 N.W. Pine Bridge Dr.

3. Mailing Address
6097 N.W. Pine Bridge Dr.

Suite, Apt. #, etc.

City & State
Arcadia, FL

City & State
Sarasota, FL

Zip
34266 Country **USA**

Zip
34266 Country **USA**



01072004 Chg-P CR2E034 (10/03)

4. FEI Number
65-0922859 Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
**WALKER, ADRON:H
 3119 MANATEE AVE., WEST
 BRADENTON, FL 34205**

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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 Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PAST PEACHEY, TROY E <input type="checkbox"/> Delete 2719 TEMPLE ST SARASOTA, FL 34239	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PAST <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition PEACHEY, TROY E 6097 N.W. Pine Bridge Dr. Arcadia, FL 34266
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSAT <input type="checkbox"/> Delete BRADLEY, STEVEN L 2400 S 53 AVE E MYAKKA CITY, FL 34251	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSAT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Bradley, Steven L 5940 County Road 675 Bradenton, FL 34211
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing 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.

SIGNATURE: Troy Peachey **Troy E. Peachey Pres.** 1/16/04 941-713-0001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #