

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 13, 2004 8:00 am**  
**Secretary of State**

08-13-2004 90146 001 \*\*\*\*61.25  
08-13-2004 90146 002 \*\*\*\*\*8.75

**66431938**



|   |   |   |  |   |  |
|---|---|---|--|---|--|
| <b>DOCUMENT # N40042</b><br>1. Entity Name<br>HILLSBOROUGH COUNTY CATTLEMEN'S ASSOCIATION, INC.   |   |   |  |   |  |
| Principal Place of Business<br><del>121 NORTH COLLINS ST.</del><br>PLANT CITY, FL 33566<br>4203 W Peacock Rd  |   |   | Mailing Address<br><del>121 NORTH COLLINS ST.</del><br>PLANT CITY, FL 33566<br>4203 W Peacock Rd.  |   |  |
| 2. Principal Place of Business<br>Suite, Apt. #, etc.   |   |   | 3. Mailing Address<br>Suite, Apt. #, etc.  |   |  |
| City & State  |   |   | City & State   |   |  |
| Zip   |   | Country   |  | 07132004 Chg-NP CR2E037 (10/03)                                     |  |
| 4. FEI Number<br>59-3135653   |   |   |  | Applied For<br><input type="checkbox"/> Not Applicable              |  |
| 5. Certificate of Status Desired <input type="checkbox"/>   |   |   |  | \$8.75 Additional Fee Required                                      |  |
| 6. Name and Address of Current Registered Agent<br><br>REDMAN, JAMES J.<br>121 NORTH COLLINS ST.<br>PLANT CITY, FL 33566  |   |   | 7. Name and Address of New Registered Agent<br>Name: Allen D. Peacock<br>Street Address (P.O. Box Number is Not Acceptable): 4203 W Peacock Road<br>Plant City, FL 33565<br>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: _____   |   |   |  |   |  |
| <b>Filing Fee is \$61.25</b><br><b>Due by September 8, 2004</b>   |   | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> |  | \$5.00 May Be Added to Fees   |  |
| Make check payable to Florida Department of State   |   |   | 10. OFFICERS AND DIRECTORS   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | PD<br>WHITLOCK, JAMES C III<br>11603 BROWNING RD<br>LITHIA, FL 33547    | <input type="checkbox"/> Delete   | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                  | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | VD<br>BENNETT, LARRY<br>8525 WLINEBAUGH AVE.<br>TAMPA, FL               | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | Dir. DONALD JOHNSON<br>2202 W. Keysoille rd<br>Plant City, FL 33567 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <del>VD<br/>STACK, G. T.<br/>18818 DORMAN ROAD<br/>LITHIA, FL</del>     | <del><input checked="" type="checkbox"/> Delete</del>                               | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | Dir. LAYTON GUYNN<br>17217 Overwood<br>Wimauma, FL 33598            | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <del>D<br/>MASSARO, ANGELO<br/>10811 BROWNING ROAD<br/>LITHIA, FL</del> | <del><input checked="" type="checkbox"/> Delete</del>                               | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | Dir. JAMES GUNFEIN<br>3120 BOUNT RD<br>DORNA FL 33527               | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | D<br>PEACOCK, ALIEN D<br>4203 W PEACOCK RD.<br>PLANT CITY, FL 33565     | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  |   | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>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 617, 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: <u>Allen D Peacock</u> ALIEN D PEACOCK 8/8/04 813-752-1305<br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone *</small>   |   |   |  |   |  |