

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 162706

Entity Name: CATTLE FARMS INC

FILED
Feb 25, 2009
Secretary of State

Current Principal Place of Business:

#5 LAKE BREEZE CT
KENNER, LA 70065 US

New Principal Place of Business:

Current Mailing Address:

Y#5 LAKE BREEZE CT
KENNER, LA 70065 US

New Mailing Address:

#5 LAKE BREEZE CT
KENNER, LA 70065 US

FEI Number: 72-6021075

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: CAFFERY, TAYLOR L.
Address: 5420 CORPORATE BLVD, #101
City-St-Zip: BATON ROUGE, LA 70808

Title: D () Delete
Name: CHASE, JAMES F JR
Address: 911 FLOWERING FIELD
City-St-Zip: WHITE STONE, VA 22578

Title: D () Delete
Name: PEMBROKE, ALBERT N
Address: PO BOX 636
City-St-Zip: KILMARNOCK, VA 22482

Title: D () Delete
Name: BUCK, HARRY H JR,
Address: 1305 TERRY WAY
City-St-Zip: FALLSTON, MD

Title: D () Delete
Name: STEWART, HUGHES
Address: 6060 GENERAL MEYER AVE
City-St-Zip: NEW ORLEANS, LA 70131

Title: SDT (X) Delete
Name: DART, JOHN JR
Address: #3 SHADY LANE
City-St-Zip: COVINGTON, LA

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: DART, JAMES K
Address: PO BOX 610
City-St-Zip: ST FRANCISVILLE, LA 70775

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: STEWART, HUGHES
Address: P.O. BOX 610
City-St-Zip: ST FRANCISVILLE, LA 70775

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TAYLOR L CAFFERY

PD

02/25/2009

Electronic Signature of Signing Officer or Director

_____ Date