


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 23, 2006 08:00 AM
Secretary of State

DOCUMENT # 234381	
1. Entity Name G & M CATTLE COMPANY	

Principal Place of Business 377 N.W. 14TH STREET C/O P.O. BOX 1389 OCALA, FL 34478 US	Mailing Address 377 N.W. 14TH STREET C/O P.O. BOX 1389 OCALA, FL 34478 US
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01252006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-6064973	Applied For <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 MOXOM, HENRY J G 377 NW 14TH ST P O BOX 1389 OCALA, FL 34478
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**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 _____ (NOTE: Registered Agent signature required when reissuing)

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

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

04/08/06-80024-023 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDT MOXON, HENRY J G 377 NW 14TH ST OCALA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VDS SWERARIGEN, MARJORIE A 377 N W 14TH ST OCALA, FL 34475
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MOXON, MARJORIE L 377 NW 14TH ST OCALAF, L
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: *Henry J. G. Moxon, Pres* **HENRY J. G. MOXON, Pres** 3/23/06 352/732-2324
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #