



**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 16, 2007 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
DO NOT WRITE IN THIS SPACE		
		 03132007 No Chg-P CR2E034 (11/05)
		4. FEI Number 59-6064973 Applied For 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		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>		
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
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: <u>Henry J. G. Moxon</u> HENRY J. G. MOXON, PRES. 3/14/07 352/732-2724 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day/Time Phone #</small>		