2008 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # 429940

1. Entity Name

ONE NINE CATTLE COMPANY, INC.



FILED Jan 31, 2008 08:00 AN Secretary of State

Principal Place of Business

Mailing Address

16525 HIGHWAY 98 NORTH OKEECHOBEE, FL 34972 16525 HIGHWAY 98 NORTH OKEECHOBEE, FL 34972



01282008

No Chg-P

CR2E034 (11/05)

4. FEI Number 59-1487505

Applied For Not Applicable

5. Certificate of Status Desired

X

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BASS, ELDA MAE 16525 HIGHWAY 98 NORTH OKEECHOBEE, FL 34972

DO NOT WRITE IN THIS SPACE

				IN THIS SPACE		
6. The above the obligat	named entity submits this statement for the p tions of registered agent.	urpose of changing its registere	d office or r	egistered agent, or bo	th, in the State of Florida. I am familiar with, and accept	-
SIGNATURE.	Signature, typed or printed name of registered agent and title or	applicable. (NOTE: Registered	d Agent signature	s required when reinstating)	DATE	
	E NOWIII FEE IS \$150.00 ay 1, 2008 Fee will be \$550.00	9. Election Campaign Finan Trust Fund Contribution.	icing	\$5.00 May Be Added to Fees	U00000809184	
10.	OFFICERS AND DIREC	TORS			02/08/08-80012-004 158.75	-
TITLE	PD				ortoctoo opotr oot 100*10	
NAME	BASS, GLENN		į			
STREET ADDRESS	16525 HIGHWAY 98 NORTH					
CITY-ST-ZIP	OKEECHOBEE, FL					
TITLE	STD					
NAME	BASS, ELDA MAE					
STREET ADDRESS	16525 HIGHWAY 98 NORTH	:				
CITY-ST-ZIP	OKEECHOBEE, FL		1			
TITLE	VD					
NAME	BASS, ELWYN		:			
STREET ADDRESS	16525 HWY 98 N	` '.		DO	NOT WRITE	1
CITY-ST-ZIP	OKEECHOBEE, FL			DO	NOI WILL	
TITLE	D		l	INI "	THIS SPACE	
NAME	BASS, J.C.			IIV	IIIIO SPACE	
STREET ADDRESS	16525 HWY 98 N					
CITY-ST-ZIP	OKEECHOBEE, FL					i
TITLE						
NAME						
STREET ADDRESS						
CITY-ST-ZIP						
TETLE						

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:

NAME STREET ADDRESS CITY-ST-ZIP

Elda M

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Elda Mae Bass

1-28-08

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