

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 03, 2006 08:00 AM
Secretary of State

DOCUMENT # 466784
 1. Entity Name
MCKETHAN CATTLE CORP.



Principal Place of Business US HWY. 98, NO. BROOKSVILLE, FL 34605 US	Mailing Address P.O. BOX 4444 HOMOSASSA SPGS., FL 34447 US
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DO NOT WRITE IN THIS SPACE



01152006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-1566000	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
MCKETHAN, JOHN H
P.O. BOX 4444
HOMOSASSA SPRINGS, FL 34447

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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 _____

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MCKETHAN, JOHN H P.O. BOX 4444 HOMOSASSA SPRINGS, FL 34447
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST CARSON, BOMAR 1075 N. CARNEY AVENUE LECANTO, FL 344619739
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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000000418600
 02/14/06-80013-024 150.00

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: Carson Bomar 1-26-06 303 746-4981
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #