
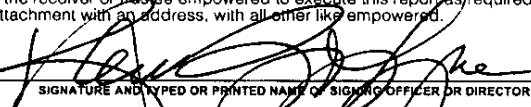


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 17, 2007 8:00 am**  
**Secretary of State**

04-17-2007 90238 050 \*\*\*150.00

<b>DOCUMENT # 491403</b> 1. Entity Name <b>WALDRON CATTLE CORP.</b>					
Principal Place of Business <b>LOFTON RD. 16310 NW 96TH ST. OKEECHOBEE, FL 34972</b>			Mailing Address <b>LOFTON RD. 16310 NW 96TH ST. OKEECHOBEE, FL 34972</b>		
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.  City & State  Zip      Country		3. Mailing Address  Suite, Apt. #, etc.  City & State  Zip      Country			
4. FEI Number <b>59-1632469</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  <b>WALDRON, CURTIS J. LOFTON RD. OKEECHOBEE, FL</b>			<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code		
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>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD WALDRON, CURTIS J. LOFTON RD. OKEECHOBEE, FL	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S WALDRON, MARJORIE M. LOFTON RD. OKEECHOBEE, FL	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D WALDRON, MARJORIE M. LOFTON RD. OKEECHOBEE, FL	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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.					
<b>SIGNATURE:</b> 			4-11-07      407-873-1952 <small>Date      Daytime Phone #</small>		

ATTACHMENT

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#491403

STATE OF FLORIDA  
COUNTY OF ST. LUCIE

**DURABLE POWER OF ATTORNEY**

BY THIS DURABLE POWER OF ATTORNEY, I, CURTIS J. WALDRON, name and appoint as my co-attorneys-in-fact to manage my affairs my daughter, KAREN SUE LYNN, and my son, CURTIS RANDALL WALDRON.

This durable power of attorney shall not be affected by any disability that I may suffer except as provided by statute, and shall be exercisable from the date of execution of this instrument. This durable power of attorney is not affected by subsequent incapacity of the principal except as provided in Section 709.08, Florida Statutes. All acts done by my attorney-in-fact pursuant to this power shall bind me, my heirs, devisees and personal representatives and shall have the same effect, and inure to the benefit of and bind the principal or the principal's heirs, devisees and personal representatives, as if the principal were competent and not disabled. This power of attorney is non-delegable and remains valid until the principal dies, revokes the power, or is adjudged incapacitated.

All of my property and interests in property (exclusive of all assets in any Revocable Trust created by me during my lifetime), are subject to this Durable Power of Attorney.

Without limiting the broad powers conferred by the preceding provisions, I authorize my attorney-in-fact to:

1. Collect all sums of money and other property that may be payable or belonging to me, and to execute receipts, releases, cancellations or discharges.
2. Settle any account in which I have any interest and to pay or receive the balance of that account as the case may require.

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## DURABLE POWER OF ATTORNEY - Page 2

3. Enter any safe deposit box or other place of safekeeping standing in my name alone or jointly with another and to remove the contents and to make additions, substitutions and replacements.
4. Borrow money on such terms and with such security as my attorney-in-fact may think fit and to execute all notes, mortgages, and other instruments that my attorney-in-fact finds necessary or desirable.
5. Draw, accept, endorse or otherwise deal with any checks or other commercial or mercantile instruments, specifically including the right to make withdrawals from any savings account or building and loan deposits.
6. Redeem bonds issued by the United States Government or any of its agencies, any other bonds and any certificates of deposit or other similar assets belonging to me.
7. Sell bonds, shares of stock, warrants, debentures, or other assets belonging to me, and execute all assignments and other instruments necessary or proper for transferring them to the purchaser or purchasers, and give good receipts and discharges for all money payable in respect to them.
8. Invest the proceeds of any redemptions or sales and any other of my money, in bonds, share of stock and other securities as my attorney-in-fact shall think fit.
9. Vote at all meetings of stockholders of any company and otherwise act as my attorney-in-fact or proxy in respect to my shares of stock or other securities or investments that now or hereafter belong to me, and appoint substitutes or proxies with respect to any of those shares of stock.
10. Execute in my behalf any tax return and act for me in any examination, audit, hearing, conference or litigation relating to taxes, including authority to file and prosecute refund claims, and enter into any settlements.
11. Sell, convey, mortgage, grant easements in, grant options to purchase, rent, lease for any term, or exchange any real estate or interests in it for such consideration and upon such terms and conditions as my attorney-in-fact may see fit, and execute, acknowledge and deliver all instruments conveying or encumbering title to property owned by me alone as well as any owned by me and another person jointly.

Mortgage or convey homestead property, if I am married, only with the joinder of my spouse or my spouse's legal guardian.

This Durable Power of Attorney applies to any interest in property owned by the Principal, including, without limitation the Principal's interests in all real property, including homestead

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## DURABLE POWER OF ATTORNEY - Page 3

real property; all personal property, tangible or intangible; all property held in any type of joint tenancy, including a tenancy in common, joint tenancy with right of survivorship, or a tenancy by the entirety; all property over which the Principal holds a general, limited or special power of appointment; chooses in action, and all other contractual or statutory rights or elections, including, but not limited to any rights or elections in any probate or similar proceeding to which the Principal is or may become entitled.

12. Prosecute, defend and settle all actions or other legal proceedings touching my estate or any part of it or touching any matter in which I may be concerned in any way.

13. Purchase bonds issued by the United States that can be applied at face or maturity value on account of estate tax liabilities, commonly known as "flower bonds."

14. To make gifts of any and all of my property, real or personal, tangible or intangible, wherever situated, which such Attorney-in-Fact, in the exercise of absolute discretion, shall deem appropriate, to any individual or entity (specifically including such Attorney-in-Fact); provided, however, that gifts during any calendar year to any donee or donees in amounts which cumulatively exceed the annual exclusion amount for Federal Gift Tax purposes provided in Section 2503 of the Internal Revenue Code of 1986, as amended to the date of the gift, must be approved in writing in advance by a majority of my spouse and my children who are sui juris at the time of the gift.

15. Authorize the discontinuance of any heroic or unusual measures for the unnatural or undue prolongation of my life and to arrange for and consent to all medical, health care, therapeutical and surgical decisions and procedures for me, including the administration of drugs, and also including, but not limited to, those set forth in Chapter 765, Florida Statutes.

16. To execute a revocable agreement of trust with such trustees as my Attorney-in-Fact selects (including my Attorney-in-Fact), and which provides that all income and principal shall be paid to me or the guardian of my estate, or applied for my benefit in such amounts as I or my Attorney-in-Fact shall request or as the trustee or trustees shall determine, and that on my death any remaining income and principal shall be paid to my personal representative and that the trust may be revoked or amended by me or my Attorney-in-Fact at any time and from time to time; PROVIDED, HOWEVER, that any amendment by my Attorney-in-Fact must be such that it could have, by law, been included in the original agreement of trust; and to deliver and convey any or all of my assets to the trustee or trustees; and to add any or all of my assets to such a trust already in existence at the creation of this Power.

17. To execute an Affidavit that this Durable Power of Attorney is still in existence and has not been revoked in whole or in part.

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## DURABLE POWER OF ATTORNEY - Page 4

18. Represent me in all respects pertaining to all income and gift tax matters before the Internal Revenue Service and all divisions thereof and to execute U.S. Treasury Form 2848, Power of Attorney, and to execute and verify all income and gift tax returns in my name.

19. Do anything regarding my estate, property and affairs that I could do myself.

20. Handle all Medicare, Medicaid, Social Security and all other health insurance matters. affairs on my behalf.

21. In the event this Durable Power of Attorney is vested jointly in three or more attorneys-in-fact, concurrence of a majority is required in all acts in the exercise of the power.

22. To exercise all rights, privileges, elections and options I have with regard to any individual retirement account; pension, profit sharing, stock bonus, Keogh or other retirement plan; or other benefit or similar arrangement; including, but not limited to making withdrawals; determining forms of payments on behalf of me or my beneficiaries; making, changing, or altering investment decisions; changing custodians or trustees of said individual retirement accounts and benefit plans; making or completing rollovers; and making direct "trustee-to-trustee" or similar type transfers of the assets, rights, or other benefits thereof.

The powers conferred upon my attorney-in-fact extend to all of my right, title and interest in property in which I may have an interest jointly with any other person, whether in an estate by the entirety, joint tenancy or tenancy in common.

This instrument is executed by me in the state of Florida, but it is my intention that this power of attorney shall be exercisable in any other state or jurisdiction where I may have any property or interests in property.

I hereby confirm all acts of my attorney-in-fact pursuant to this power.

Any act that is done under this power between the revocation of this instrument and notice of that revocation to my attorney-in-fact shall be valid unless the person claiming the benefit of the act had notice of that revocation.

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DURABLE POWER OF ATTORNEY - Page 5

IN WITNESS WHEREOF, I have set my hand and seal on the 8<sup>th</sup> day of September, 2005.

Signed, sealed and delivered  
in the presence of:

Ruth Ann Fournier  
RUTH ANN FOURNIER

Chester B. Griffin  
CHESTER B. GRIFFIN

Curtis J. Waldron  
CURTIS J. WALDRON

Social Security Number: 261-38-8682

STATE OF FLORIDA  
COUNTY OF ST. LUCIE

The foregoing was acknowledged before me this 8<sup>th</sup> day of September, 2005, by CURTIS J. WALDRON, [ ] who is personally known to me or [X] who produced Fla Drivers Lic as identification.



Susan G. Spee  
Notary Public - State of Florida  
Name: Susan G. Spee  
My Commission Expires: