

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 27, 2004 08:00 AM
Secretary of State

DOCUMENT # 662687

1. Entity Name
C & J CATTLE CO., INC.



Principal Place of Business
**14775 HIGHWAY 441 NORTH
OKEECHOBEE, FL 34972-8560**

Mailing Address
**14775 HIGHWAY 441 NORTH
OKEECHOBEE, FL 34972-8560**



01222004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FCI Number
59-2003150

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**LEE, JOANN RUCKSQ
14775 HWY 441 NORTH
OKEECHOBEE, FL 34972**

**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 _____

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when restoring)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	LEE, JOANN RUCKS
STREET ADDRESS	14775 HWY. 441 NORTH
CITY - ST - ZIP	OKEECHOBEE, FL

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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02/27/04-80053-007 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Joann Rucks Lee Joann Rucks Lee 2-18-04 863-763-8777

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #