2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jan 07, 2008 8:00 am Secretary of State

DOCUMENT # 662687 1. Entity Name C & J CATTLE CO., INC.						~	01-07-2008	•	30 ***150	0.00	
Principal Place of Business Mailing Address											
	NAY 441 NORTH	14775 HIGHWAY 441 NORTH OKEECHOBEE, FL 34972-8560			, ,						
OKEECHOBEE, FL 34972-8560 OKEECHOBEE, FL 34972-			72-030	U		LIBBIO CIRE E	INCO 19010 BILDE 1881 1887	#1### #1#11 #1#1		1906 II 1808)	
2. Principal P	lace of Business - No P.O. Box #	3. Mailing Address									
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Suite, Apt.	#, etc.	Suite, Apt. #, etc.				01022008	Chg-P	CR2E03	4 (12/06)		
City & State		City & State				4. FEI Number 59-2003	150			plied For t Applicable	
Zip Country		Zip Cour		ntry		5. Certificate of			8.75 Add	itional	
6. Name and Address of Current		Registered Agent				7. Name and Address of New Reg			Fee Required		
6. Have and Housess of Garrent registered Agent					Name						
LEE, HOBART 14775 HWY 441 NORTH				Street Address (P.O. Box Number is Not Acceptable)							
OKEECHOBEE, FL 34972											
				City				FL	Zip Code	e	
The above named entity submits this statement for the purpose of changing its registere					renister	ed agent or both	in the State of Flo		amiliar with.	and accept	
the obligations of registered agent ?										,	
SIGNATURE Signature, typed or printed name of registered agent and little if applicable. (NOTE: Registered Agent signature required when reinstating) DATE											
Skindiure, tyrifid or printed name of registered agent and title if applicable. (NOTE: Registered Agent stignature required when ministating) PILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be											
After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution.						ed to Fees					
10.	OFFICERS AND		11.		V O		HANGES TO OFF	ICERS AND			
TITLE NAME	P LEE, HOBART	☐ Delete	TITL!		Lee	Soann	Rucks		☐ Change	Addition	
STREET ADDRESS				ET ADDRESS	147	15 HWY	. 441 NOR	H1			
CITY-ST-ZIP			TITLE	-ST-7IP	OKE	ecnobee	<u>, </u>	4972	Change	☐ Addition	
TITLE NAME			NAM	,					Onlings		
STREET ADDRESS				ET ADDRESS - ST-ZIP							
CITY-ST-ZIP		Detete	TITLE		<u>-</u>				☐ Change	☐ Addition	
NAME		C Daise	NAM	E					3-)	
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TITLE		☐ Delete	TITL	E.					☐ Change	Addition	
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DITLE .		Delete	TITL	E		_			☐ Change	Addition	
NAME STREET ADDRESS			NAM STRE	et address							
CITY-ST-ZIP				-ST-ZIP							
12. I hereby	certify that the information supplied wit on this report or supplemental report i	h this filing does not qualify for strue and accurate and that r	or the ex	emptions co	ontained	d in Chapter 119, same legal effect	Florida Statutes. I	further certi	fy that the in	nformation or director	