


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 21, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 681265</b> 1. Entity Name <b>SEVEN H L CATTLE CORPORATION</b>	
-----------------------------------------------------------------------------------	-----------------------------------------------------------------------------------

Principal Place of Business <b>10,000 NE 7TH STREET P.O. BOX 401 OKEECHOBEE, FL 34973</b>	Mailing Address <b>10,000 NE 7TH STREET P.O. BOX 401 OKEECHOBEE, FL 34973</b>
------------------------------------------------------------------------------------------------------	------------------------------------------------------------------------------------------

<b>DO NOT WRITE IN THIS SPACE</b>
-----------------------------------



02182005 No Chg-P CR2E034 (10/03)

4. FEI Number <b>59-2222486</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  <b>HARVEY, DELORES 10,000 NE 7TH STREET OKEECHOBEE, FL 33472</b>
---------------------------------------------------------------------------------------------------------------------------------

<b>DO NOT WRITE IN THIS SPACE</b>
---------------------------------------

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

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>1000000237410 02/21/05-80055-016 150.00</b>
-------------------------------------------------------------------------------	---------------------------------------------------------------------------------------------------------------------------	----------------------------------------------------

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D LEWIS, VALERIE 435 SW 30TH TERRACE OKEECHOBEE, FL 34974
TITLE NAME STREET ADDRESS CITY- ST- ZIP	S HARVEY, BASIL 10,000 NE 7TH STREET OKEECHOBEE, FL 00000,
TITLE NAME STREET ADDRESS CITY- ST- ZIP	PT HARVEY, DELROES 10,000 NE 7TH STREET OKEECHOBEE, FL 00000,
TITLE NAME STREET ADDRESS CITY- ST- ZIP	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	

<b>DO NOT WRITE IN THIS SPACE</b>
---------------------------------------

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *Basil Harvey* 2/18/05  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #