

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 29, 2008 8:00 am**  
**Secretary of State**

02-29-2008 90019 024 \*\*\*158.75

**DOCUMENT # 687592**

1. Entity Name  
**WILLIAMSON CATTLE RANCH, INC.**



Principal Place of Business

**2308 S. PARROTT AVE.  
OKEECHOBEE, FL 34974 US**

Mailing Address

**P.O. BOX 759  
OKEECHOBEE, FL 34973 US**

**40035603**



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

01172008 Chg-P CR2E034 (12/06)

4. FEI Number

**59-2157303**

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**WILLIAMSON, JENNIFER L ESQ.  
555 COLORADO AVE.  
STUART, FL 34994**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **DP** ☐ Delete  
NAME **WILLIAMSON, JACK H**  
STREET ADDRESS **2308 S. PARROTT AVE.**  
CITY - ST - ZIP **OKEECHOBEE, FL 34974**

TITLE **DVPT** ☐ Delete  
NAME **HAVLOCK, FAYE A**  
STREET ADDRESS **309 SW 15TH ST.**  
CITY - ST - ZIP **OKEECHOBEE, FL 34974**

TITLE **DS** ☐ Delete  
NAME **WILLIAMSON, JENNIFER L**  
STREET ADDRESS **3003 SW 28TH ST**  
CITY - ST - ZIP **OKEECHOBEE, FL 34974**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE **DVPT** ☒ Change ☐ Addition  
NAME **HAVLOCK, FAYE A**  
STREET ADDRESS **3285 SW 28th STREET**  
CITY - ST - ZIP **OKEECHOBEE, FL 34974**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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:

*Faye A Havlock, VP*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2-6-08**  
Date

**863-357-2442**  
Daytime Phone #