


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 30, 2004 8:00 am
Secretary of State

08-30-2004 90015 026 ****61.25

DOCUMENT # 712495

1. Entity Name
HIGHLANDS COUNTY CATTLEMEN'S ASSOCIATION, INC.



24082525

Principal Place of Business
**6417 US 27 SOUTH
 SEBRING, FL 33876**

Mailing Address
**6417 US 27 SOUTH
 SEBRING, FL 33876**



2. Principal Place of Business
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
P O Box 321
 Suite, Apt. #, etc.
Sebring
 City & State
FL
 Zip Country
33871 US Highlands

08182004 Chg-NP CR2E037 (10/03)

6. Name and Address of Current Registered Agent
LOLLIS, GENE
6417 U.S. HWY 27 S.
SEBRING, FL 33876

7. Name and Address of New Registered Agent
 Name
Gene Lollis
 Street Address (P.O. Box Number is Not Acceptable)
300 Buck Island Ranch Rd
 City
Lake Placid, FL Zip Code
33852

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 Gene Lollis, President DATE 8/23/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25 Due by September 8, 2004

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

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	LOLLIS, GENE	
STREET ADDRESS	300 BUCK ISLAND RANCH RD	
CITY-ST-ZIP	LAKE PLACID, FL 33852	
TITLE	TD	<input type="checkbox"/> Delete
NAME	PERRY, STAN	
STREET ADDRESS	112 PARK LAND DR- P.O. BOX 388	
CITY-ST-ZIP	VENUS, FL 33960	
TITLE	D	<input type="checkbox"/> Delete
NAME	HANDLEY, STEVE	
STREET ADDRESS	115 E ORANGE STREET	
CITY-ST-ZIP	AVON PARK, FL 33825	
TITLE	D	<input type="checkbox"/> Delete
NAME	LOLLIS, GENE	
STREET ADDRESS	828 BUCK ISLAND RANCH RD	
CITY-ST-ZIP	LAKE PLACID, FL 33825	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	CANNADY, CRAIG	
STREET ADDRESS	4525 US 27 S.	
CITY-ST-ZIP	SEBRING, FL 33870	
TITLE	D	<input type="checkbox"/> Delete
NAME	STOKES, EDGAR	
STREET ADDRESS	241 BAY ST, P.O. BOX 266	
CITY-ST-ZIP	LORIDA, FL 33857	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 617, 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: Gene Lollis DATE 8/23/04 DAYTIME PHONE # 441-0097
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Attachment
24082525



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State

August 18, 2004

HIGHLANDS COUNTY CATTLEMEN'S ASSOCIATION, INC.
C/O JERRY BRYAN
P O BOX 321
SEBRING, FL 33871

SUBJECT: HIGHLANDS COUNTY CATTLEMEN'S ASSOCIATION, INC.
Ref. Number: 712495

*Upon receipt of your letter and/or check(s) totaling \$61.25, no document was found. Please send your document with any fees due to:

Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Please return a copy of this letter to ensure your money is properly credited.

Although you attempted to file your annual report form online, you did not successfully complete the process. Therefore, we are returning the enclosed check along with an annual report form for you to complete. Please return the completed form and check to this office for processing.

TO AVOID THE ADMINISTRATIVE DISSOLUTION/REVOCATION, PLEASE RETURN THE CORRECTED REPORT TO THIS OFFICE WITHIN 30 DAYS OF THE DATE OF THIS LETTER.

If you have any questions concerning the filing of your document, please call (850) 245-6059.

Tina Roberts
Document Specialist

Letter Number: 204A00050861