

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 722595

FILED  
Feb 25, 2006  
Secretary of State

Entity Name: PASCO COUNTY CATTLEMEN'S ASSOCIATION, INC.

**Current Principal Place of Business:**

P.O. BOX 1817  
DADE CITY, FL 335261817

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 1817  
DADE CITY, FL 335261817

**New Mailing Address:**

FEI Number: 23-7191551

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

REED, KATRINA  
15642 LAZY D RANCH RD  
DADE CITY, FL 33523 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: V ( ) Delete  
Name: NATHE, ROBERT JR.  
Address: 31109 DARBY RD  
City-St-Zip: DADE CITY, FL 33523

Title: P ( ) Delete  
Name: MICKLER, CLAY  
Address: PO BOX 975  
City-St-Zip: LACOOCHEE, FL 33537

Title: D ( ) Delete  
Name: BARTHLE, BILL  
Address: 17320 BELLAMY BROS BLVD  
City-St-Zip: DADE CITY, FL 33525

Title: D ( ) Delete  
Name: MCCARTHY, JOHN  
Address: 15845 LAKE IOLA RD  
City-St-Zip: DADE CITY, FL 33525

Title: D ( ) Delete  
Name: BARTHLE, LARRY  
Address: 17231 BELLAMY BROS BLVD  
City-St-Zip: DADE CITY, FL 33523

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CLAY MICKLER

P

02/25/2006

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date