


**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 30, 2005 08:00 AM
Secretary of State

DOCUMENT # 738557 1. Entity Name HARDEE COUNTY CATTLEMEN'S ASSOCIATION, INC.	
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Principal Place of Business CORNER OF ALTMAN AND STENSTROM ROAD PO BOX 1831 WAUCHULA, FL 33873	Mailing Address BOX 1831 WAUCHULA, FL 33873 US
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DO NOT WRITE IN THIS SPACE



03222005 No Chg-NP CR2E037 (10/03)

4. FEI Number 23-7384629	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent GORDON, GREG 541 S 6TH AVE WAUCHULA, FL 33873
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**DO NOT WRITE
IN THIS SPACE**

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 must be printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

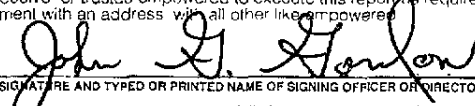
Filing Fee is \$61.25 Due by May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY, ST, ZIP	S HUGHES, DAMOAN 4048 JOHN CARLTON RD. ZOLFO SPRINGS, FL 33890
TITLE NAME STREET ADDRESS CITY, ST, ZIP	P SHIVER, GARY C P.O. BOX 450 ZOLFO SPRINGS, FL 33890
TITLE NAME STREET ADDRESS CITY, ST, ZIP	D MCCLHAND, HAROLD 248 FARNELD RD ZOLFO SPRINGS, FL 33890
TITLE NAME STREET ADDRESS CITY, ST, ZIP	T GORDON, GREG 541 S 6TH AVE WAUCHULA, FL 33873
TITLE NAME STREET ADDRESS CITY, ST, ZIP	D PRESCOTT, MICHAEL P.O. BOX 43 WAUCHULA, FL 33873
TITLE NAME STREET ADDRESS CITY, ST, ZIP	D JONES, GARY COUNTY LINE RD BOWLING GREEN, FL

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IN THIS SPACE**

U00000350247
05/02/05-80098-003 61.25

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:  **4-27-05 863-773-5888**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR