

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 05, 2007 8:00 am
Secretary of State

03-05-2007 90043 033 ***150.00

DOCUMENT # F69636

1. Entity Name
WHITEHURST CATTLE CO.



Principal Place of Business
**20551 N.E. 75TH STREET
WILLISTON, FL 32696 US**

Mailing Address
**20551 N.E. 75TH STREET
WILLISTON, FL 32696 US**

DO NOT WRITE IN THIS SPACE



02092007 No Chg-P CR2E034 (11/05)

4. FEI Number
59-2216037

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**WHITEHURST, DEVIN
21051 NE 75TH ST
WILLISTON, FL 32696**

**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, 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, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

| | |
|----------------|-----------------------------|
| TITLE | VP |
| NAME | WHITEHURST, DAN E |
| STREET ADDRESS | 20550 NE 75TH ST. |
| CITY-ST-ZIP | WILLISTON, FL 32696 |
| TITLE | P |
| NAME | WHITEHURST, V E III |
| STREET ADDRESS | 21151 NE 75TH ST |
| CITY-ST-ZIP | WILISTON, FL 32696 |
| TITLE | S |
| NAME | WHITEHURST, D E JR |
| STREET ADDRESS | 21290 NE 75TH ST |
| CITY-ST-ZIP | WILLISTON, FL 32696 |
| TITLE | T |
| NAME | WHITEHURST, JACKSON W |
| STREET ADDRESS | 19350 NE 75TH ST |
| CITY-ST-ZIP | WILLISTON, FL 32696 |
| TITLE | V |
| NAME | WHITEHURST, WILLIAM J |
| STREET ADDRESS | 5250 NORTHEAST 220TH AVENUE |
| CITY-ST-ZIP | WILLISTON, FL 32696 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

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IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-1-07 (352) 528-2101