

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 19, 2005 08:00 AM
Secretary of State

DOCUMENT # F75291

1. Entity Name
CATTLEMAN'S FEED AND RANCH SUPPLY, INC.



Principal Place of Business
**121 N COMMONWEALTH AVE
P.O. BOX 297
POLK CITY, FL 33868**

Mailing Address
**121 N COMMONWEALTH AVE
P.O. BOX 297
POLK CITY, FL 33868**



04132005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2197676 Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**FUSSELL, CLYDE H.
9450 VOYLES LOOP ROAD
PO BOX 96
POLK CITY, FL 33868**

**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 Clyde H. Fussell Clyde H. Fussell President April 14, 2005
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, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	FUSSELL, CLYDE H
STREET ADDRESS	9450 VOYLES LOOP RD
CITY-ST-ZIP	POLK CITY, FL 33868
TITLE	ST
NAME	FUSSELL, DEANNA
STREET ADDRESS	9450 VOYLES LOOP RD
CITY-ST-ZIP	POLK CITY, FL 33868
TITLE	VP
NAME	FUSSELL, JAMES MICHAEL
STREET ADDRESS	9450 VOYLES LOOP RD.
CITY-ST-ZIP	POLK CITY, FL 33868
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/19/05-80072-025 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Clyde H. Fussell Clyde H. Fussell April 14, 2005 863-984-2560
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #