## 2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# F75291

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

FILED Oct 01, 2009 Secretary of State

**Current Principal Place of Business:** 

New Principal Place of Business:

121 N COMMONWEALTH AVE 121 N COMMONWEALTH AVE

121 N COMMONWEALTH AVE POLK CITY, FL 33868 POLK CITY, FL 33868

**Current Mailing Address:** 

121 N COMMONWEALTH AVE 121 N COMMONWEALTH AVE

P.O. BOX 297 POLK CITY, FL 33868

POLK CITY, FL 33868

FEI Number: 59-2197676 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

**New Mailing Address:** 

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

FUSSELL, CLYDE H FUSSELL, CLYDE H 9450 VOYLES LOOP ROAD 9450 VOYLES LOOP ROAD POLK CITY, FL 33868 POLK CITY, FL 33868

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: CLYDE H FUSSELL 10/01/2009

> Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Election Campaign Financing Trust Fund Contribution ( ).

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

Title: () Delete Title: (X) Change ( ) Addition

FUSSELL, CLYDE H FUSSELL, CLYDE H Name: Name: 9450 VOYLES LOOP RD 9450 VOYLES LOOP RD Address: Address: City-St-Zip: POLK CITY, FL 33868 City-St-Zip: POLK CITY, FL 33868

Title: Title: ST/D (X) Change ( ) Addition () Delete Name: FUSSELL, DEANNA Name: FUSSELL, DEANNA

9450 VOYLES LOOP RD 9450 VOYLES LOOP RD Address: Address: POLK CITY, FL 33868 POLK CITY, FL 33868 City-St-Zip: City-St-Zip:

( ) Delete Title: Title: (X) Change ( ) Addition VP/D

FUSSELL, JAMES MICHAEL FUSSELL, JAMES M Name: Name: 9450 VOYLES LOOP RD. 9450 VOYLES LOOP RD Address: Address: City-St-Zip: POLK CITY, FL 33868 City-St-Zip: POLK CITY, FL 33868

I hereby certify that the information supplied with this filing does not qualify 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CLYDE H FUSSELL PD 10/01/2009