


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 29, 2004 8:00 am**  
**Secretary of State**

04-29-2004 90223 010 \*\*\*150.00

<b>DOCUMENT # J47893</b> 1. Entity Name <b>FOXBRANCH CATTLE COMPANY, INC.</b>					
Principal Place of Business <b>1444 FAIRHAVEN DRIVE</b> <b>P.O. BOX 806</b> <b>LAKELAND, FL 33803</b>			Mailing Address <b>1444 FAIRHAVEN DRIVE</b> <b>P.O. BOX 806</b> <b>LAKELAND, FL 33803</b>		
2. Principal Place of Business <b>1444 FAIRHAVEN DR</b>		3. Mailing Address <b>1444 FAIRHAVEN DR</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent  <b>SHERWOOD, JOY S.</b> <b>1444 FAIRHAVEN DRIVE</b>  <b>LAKELAND, FL 33803</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>1444 FAIRHAVEN DR</b> City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating)</small> <div style="float: right;">DATE _____</div>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be</b> <b>Added to Fees</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>SHERWOOD, JOY SANDERS</b>		NAME		
STREET ADDRESS	<b>1444 FAIRHAVEN DR</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>LAKELAND, FL</b>		CITY-ST-ZIP		
TITLE	STD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>SHERWOOD, JOY SANDERS</b>		NAME		
STREET ADDRESS	<b>1444 FAIRHAVEN DR.</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>LAKELAND, FL</b>		CITY-ST-ZIP		
TITLE	VPD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>SHERWOOD, CLARK T.</b>		NAME		
STREET ADDRESS	<b>1444 FAIRHAVEN DRIVE</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>LAKELAND, FL</b>		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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 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.					
<b>SIGNATURE:</b> <i>Joy S. Sherwood, PRZS</i> <b>Joy S. SHERWOOD</b> <b>4-27-04</b> <b>863-6826425</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> <div style="float: right;"> <small>Date</small> <small>Daytime Phone #</small> </div>					