

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 19, 2004 8:00 am
Secretary of State

03-19-2004 90052 006 ***150.00

DOCUMENT # K01692

1. Entity Name
K & S CATTLE COMPANY, INC.



Principal Place of Business

9625 ALONZO RD Wes Kearney Way
RIVERVIEW, FL 33569 US

Mailing Address

P.O. BOX 76009 9625 Wes Kearney Way
TAMPA, FL 33675-1009 US
Riverview, FL 33569



03152004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0010845	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

REED, JAMES M
9625 WES KEARNEY WAY
RIVERVIEW, FL 33569

**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, 2004 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	KEARNEY, C.W., SR.
STREET ADDRESS	9625 WES KEARNEY WAY
CITY-ST-ZIP	RIVERVIEW, FL
TITLE	D
NAME	KEARNEY, C.W., JR.
STREET ADDRESS	9625 WES KERANEY WAY
CITY-ST-ZIP	RIVERVIEW, FL
TITLE	SD
NAME	KEARNEY, JOANNE
STREET ADDRESS	9625 WES KEARNEY WAY
CITY-ST-ZIP	RIVERVIEW, FL
TITLE	D
NAME	KEARNEY, BRYAN
STREET ADDRESS	9625 WES KEARNEY WAY
CITY-ST-ZIP	RIVERVIEW, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**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)(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.

SIGNATURE: James M. Reed 3/15/04 (813) 621-0855
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #