· 2004 FOR PROFIT CORPORATION ANNUAL REPORT

Mar 10, 2004 08:00 AM **DOCUMENT # K29025 Secretary of State** PARKER GROVE & CATTLE COMPANY, INC. Principal Place of Business Mailing Address P.O. BOX 1787 P.O. BOX 1787 ARCADIA, FL 34265 ARCADIA, FL 34265 CR2E034 (10/03) 03012004 No Cha-P DO NOT WRITE IN THIS SPACE Applied For 4. FFI Number 65-0253687 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent PARKER, JOHN W., JR. DO NOT WRITE 222 E. OAK ST. ARCADIA, FL 34266 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. INOTE. Registered Agent signature required when reinstating) DATE U00000084205 9. Election Campaign Financing \$5.00 May 8e FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 03/10/04-80069-021 150.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE NAME PARKER, JOHN W 3378 NW 2ND BUNKER AVENUE STREET ADDRESS CRY-ST-ZP ARCADIA, FL **VPS** IIILE PARKER, SUE G. NAME 3378 NW 2ND BUNKER AVENUE STREET ADDRESS CITY-ST-ZIP ARCADIA, FL MLE NAME STREET ADDRESS DO NOT WRITE CTTY-ST-ZP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TIB F NAME STREET ADDRESS CITY-ST-ZIP TITLE

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 a placetress, with all other like empowered.

SIGNATURE:

NAME STREET ADDRESS CITY+ST-ZIP

MATERIAND TYPES OF PRINTED NAME OF SICHANG OFFICER OR DIRECTOR

7/1/04 (863)494-2542 Deco Degario Proces

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