

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L13740

FILED
Apr 24, 2009
Secretary of State

Entity Name: NEWMAN LAND & CATTLE COMPANY, INC.

Current Principal Place of Business:

2475 HICKORY TREE RD
ST CLOUD, FL 34772 US

New Principal Place of Business:

2475 OLD HICKORY TREE RD
ST CLOUD, FL 34772 US

Current Mailing Address:

P.O. BOX 700685
ST. CLOUD, FL 34770 US

New Mailing Address:

FEI Number: 59-2971517 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NEWMAN RIFFE, NANCY
3090 HICKORY TREE ROAD
SAINT CLOUD, FL 34772 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: NEWMAN, WILLIAM J JR
Address: 2475 HICKORY TREE RD
City-St-Zip: SAINT CLOUD, FL 34772

Title: D () Delete
Name: NEWMAN, THRECA L
Address: 2475 HICKORY TREE RD
City-St-Zip: SAINT CLOUD, FL 34772

Title: D () Delete
Name: NEWMAN, WILLIAM III
Address: 2525 HICKORY TREE RD
City-St-Zip: SAINT CLOUD, FL 34772

Title: T () Delete
Name: NEWMAN RIFFE, NANCY
Address: 3090 HICKORY TREE ROAD
City-St-Zip: SAINT CLOUD, FL 34772

Title: D () Delete
Name: ABSHIRE, SUSAN
Address: 4231 ALBRITTON ROAD
City-St-Zip: SAINT CLOUD, FL 34773

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: NANCY NEWMAN RIFFE

T

04/24/2009

Electronic Signature of Signing Officer or Director

_____ Date