


2006

CORPORATION ANNUAL REPORT

FILED
Apr 24, 2006 8:00 am
Secretary of State

04-24-2006 90402 033 ***150.00

DOCUMENT # N07000008889			
1. Entity Name CITRUS COUNTY CATTLEMEN'S ASSOCIATION, INC.			
Principal Place of Business %CITRUS COUNTY EXTENSION OFFICE 3600 NORTH FLORIDA AVENUE INVERNESS, FL 34450		Mailing Address %CITRUS COUNTY EXTENSION OFFICE 3600 NORTH FLORIDA AVENUE INVERNESS, FL 34450	
2. Principal Place of Business		3. Mailing Address 3650 W Sovereign Path	
Suite, Apt. #, etc.		Suite, Apt. #, etc. Suite 7	
City & State Lecanto FL		City & State Lecanto FL	
Zip 34461	Country US	4. FEI Number NOT APPLICABLE	
		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 THOMAS, JOHN 6091 SOUTH PLEASANT GROVE ROAD INVERNESS, FL 34452		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 re-registering) DATE			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P THOMAS, JOHN 6091 SOUTH PLEASANT GROVE ROAD INVERNESS, FL 34452 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Christine Waller 5045 E Annado Dr Inverness FL 34452 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP KREISLE, DANIEL 5339 WEST HOLIDAY STREET HOMOSASSA, FL 34446 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Jimmy Rose 3671 W Jeremy Ave Hernando FL 34442 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BAREO, KEITH 12202 SOUTH OLD JONES ROAD FLORAL CITY, FL 34436 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President (VP) Barco, Keith 12202 S Old Jones Rd Floral City FL 34436 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KAUFMAN, BRUCE 7299 SOUTH PEACH POINT HOMOSASSA, FL 34446 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Charles Ellis 5989 E Greys Ln Inverness FL 34453 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PHILLIPS, TRAVIS P.O. BOX 958 LECANTO, FL 34460 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Carol Van Ness 1876 N Florida Ave Hernando FL 34442 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WHITE, JOEY 6486 W SEVEN RIVERS DR CRYSTAL RIVER, FL 34429 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Ella Thomas 6091 S Pleasant Grove Rd Inverness FL 34452 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 without other line empowered.			
SIGNATURE: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR PRESIDENT-04-20-06 Date Daytime Phone # 352-238-4063			