


2007

CORPORATION
ANNUAL REPORTFILED
Jul 17, 2007 8:00 am
Secretary of State

07-17-2007 90107 019 ***150.00

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| 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 3650 W SOVEREIGN PATH STE 1 LECANTO, FL 34461 | |
| 2. Principal Place of Business - No P.O. Box # 11185 S Pleasant Grove Rd Suite, Apt. #, etc. 11185 | | 3. Mailing Address PO Box 2742 Suite, Apt. #, etc. | |
| 4. FEI Number NOT APPLICABLE | | Applied For Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | | 07092007 Chg-P CR2E034 (12/06) | |
| 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____ | | | |
| FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. | |
| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | D WALLER, CHRISTINE 5045 E ANNA JO DR INVERNESS, FL 34452 | TITLE NAME STREET ADDRESS CITY - ST - ZIP | D Sal Merola 4773 E Stage Coach Trl Floral City FL 34436 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | D ROSE, JIMMY 3671 N JEREMY AVE HERNANDO, FL 34442 | TITLE NAME STREET ADDRESS CITY - ST - ZIP | Change Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | VP BARCO, KEITH 12202 S OLD JAMES RD FLORAL CITY, FL 34436 | TITLE NAME STREET ADDRESS CITY - ST - ZIP | Change Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | D ELLIS, CHARLES 8989 E GREY ST INVERNESS, FL 34453 | TITLE NAME STREET ADDRESS CITY - ST - ZIP | Change Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | T VAN NESS, CAROL 1876 N FLORIDA AVE HERNANDO, FL 34442 | TITLE NAME STREET ADDRESS CITY - ST - ZIP | Change Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | S THOMAS, ELLA 6091 S PLEASANT GROVE RD INVERNESS, FL 34452 | TITLE NAME STREET ADDRESS CITY - ST - ZIP | Change 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, with all other like empowered. | | | |
| SIGNATURE: <u>Christine Waller</u> | | Date <u>7/15/07</u> Daytime Phone # <u>352-302-7098</u> | |