


**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT (AR)**

**FILED**  
**Jul 19, 2006 8:00 am**  
**Secretary of State**

07-19-2006 90001 016 \*\*\*\*70.00

<b>DOCUMENT # N40042</b> 1. Entity Name <b>HILLSBOROUGH COUNTY CATTLEMEN'S ASSOCIATION, INC</b>					
Principal Place of Business <b>4203 W PEACOCK RD PLANT CITY FL 33566</b>			Mailing Address <b>4203 W PEACOCK RD PLANT CITY FL 33566</b>		
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State  Zip		City & State  Zip		4. FEI Number <b>59-3135653</b>	
Country		Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>PEACOCK, ALLEN D 4203 PEACOCK RD PLANT CITY FL 33565</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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: <u><i>Allen D Peacock</i></u> <span style="float: right;">2/6/06</span> <small>Signature, typed or printed name of registered agent and date if applicable (NOTE: Registered Agent signature required when reappointing)</small>	
<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make Check Payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WHITLOCK, JAMES C III 11603 BROWNING RD LITHIA FL 33547		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BENNETT, LARRY 8525 WLINEBAUGH AVE. TAMPA FL		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JOHNSON, DONALD 2202 W KEYSVILLE RD PLANT CITY FL 33567		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GUYNN, LAYTON 17217 OWENS RD WIMAUMA FL 33598		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PEACOCK, ALIEN D 4203 W PEACOCK RD. PLANT CITY FL 33565		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT GRIFFIN, JAMES 3120 BLOUND RD DOVER FL 33527		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 it 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 617, 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><i>Allen D Peacock</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			7/14/06 <span style="float: right;">P13 752-1305</span> <small>Date Daytime Phone #</small>		