

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 18, 2007 8:00 am
Secretary of State

05-18-2007 90019 028 ****61.25

DOCUMENT # N40042

1. Entity Name

HILLSBOROUGH COUNTY CATTLEMEN'S ASSOCIATION, INC



Principal Place of Business

4203 W PEACOCK RD
PLANT CITY FL 33566

Mailing Address

4203 W PEACOCK RD
PLANT CITY FL 33566

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

SAME AS ABOVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3135653

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

1st MOORE

CR2E037 (10/06)



6. Name and Address of Current Registered Agent

PEACOCK, ALLEN D
4203 PEACOCK RD
PLANT CITY FL 33565

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

Allen D Peacock

Signature, typed or printed name of registered agent (not title if applicable).

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE: **PD** ☐ Delete
NAME: **WHITLOCK, JAMES C III**
STREET ADDRESS: **11603 BROWNING RD**
CITY-STATE-ZIP: **LITHIA FL 33547**

TITLE: **VD** ☐ Delete
NAME: **BENNETT, LARRY**
STREET ADDRESS: **8525 WLINEBAUGH AVE.**
CITY-STATE-ZIP: **TAMPA FL**

TITLE: **D** ☐ Delete
NAME: **JOHNSON, DONALD**
STREET ADDRESS: **2202 W KEYSVILLE RD**
CITY-STATE-ZIP: **PLANT CITY FL 33567**

TITLE: **D** ☐ Delete
NAME: **GUINN, LAYTON**
STREET ADDRESS: **17217 OWENS RD**
CITY-STATE-ZIP: **WIMAUMA FL 33598**

TITLE: **D** ☐ Delete
NAME: **PEACOCK, ALIEN D**
STREET ADDRESS: **4203 W PEACOCK RD.**
CITY-STATE-ZIP: **PLANT CITY FL 33565**

TITLE: **DT** ☐ Delete
NAME: **GRIFFIN, JAMES**
STREET ADDRESS: **3120 BLOUND RD**
CITY-STATE-ZIP: **DOVER FL 33527**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: **President** ☒ Change ☐ Addition
NAME: **Ronald Layton Hughes**
STREET ADDRESS: **17217 Owens Rd**
CITY-STATE-ZIP: **Wimauma, FL 33598**

TITLE: ☐ Change ☐ Addition
NAME: ☐ Change ☐ Addition
STREET ADDRESS: ☐ Change ☐ Addition
CITY-STATE-ZIP: ☐ Change ☐ Addition

TITLE: ☐ Change ☐ Addition
NAME: ☐ Change ☐ Addition
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TITLE: ☐ Change ☐ Addition
NAME: ☐ Change ☐ Addition
STREET ADDRESS: ☐ Change ☐ Addition
CITY-STATE-ZIP: ☐ Change ☐ 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 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 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:

Allen D Peacock

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/31/07 813-752-1305

DATE DAYTIME PHONE #