

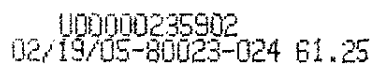
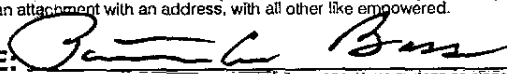


**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 19, 2005 08:00 AM
Secretary of State

DOCUMENT # N95000004602						
1. Entity Name FLORIDA CRACKER CATTLE ASSOCIATION, INC.						
Principal Place of Business UNIVERSITY OF FL/ DEPT OF ANIMAL SCIEN ROOM 202B BLDG. 459 SHEALY DRIVE GAINESVILLE, FL 32611	Mailing Address UNIVERSITY OF FL/ DEPT OF ANIMAL SCIEN ROOM 202B BLDG. 459 SHEALY DRIVE GAINESVILLE, FL 32611 US	 02122005 No Chg-NP CR2E037 (10/03) <table border="1"><tr><td>4. FEI Number NOT APPLICABLE</td><td>Applied For Not Applicable</td></tr><tr><td colspan="2">5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required</td></tr></table>	4. FEI Number NOT APPLICABLE	Applied For Not Applicable	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
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DO NOT WRITE IN THIS SPACE						
6. Name and Address of Current Registered Agent BASS, PATRICIA 20609 NW 176 AVE OKEECHOBEE, FL 34972		DO NOT WRITE IN THIS SPACE				
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 reestablishing) Signature, typed or printed name of registered agent and title if applicable. DATE _____						
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees				
10. OFFICERS AND DIRECTORS						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CONNERS, JD 385 N. MULBERRY ST MONTICELLO, FL 32344	 DO NOT WRITE IN THIS SPACE				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BASS, ELWYN 20609 NW 176 AVE. OKEECHOBEE, FL 34972					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BASS, PAT 20609 NW 176TH AVE. OKEECHOBEE, FL 33472					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S LIPG, PAULENE 9080 S. LIPS ROAD ARCADIA, FL 34266					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LIPG, JOHN 9080 S LIPS ROAD ARCADIA, FL 34266					
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		2/16/05 (863) 763-2008 Date Daytime Phone #				