
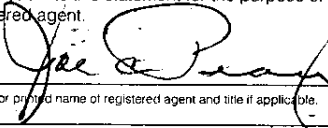
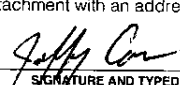


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 03, 2004 8:00 am
Secretary of State

03-03-2004 90016 008 ****61.25

DOCUMENT # N96000001001 1. Entity Name MADISON COUNTY BEEF CATTLEMEN'S ASSOCIATION, INC.					
Principal Place of Business 900 COLLEGE DR MADISON, FL 32341			Mailing Address PO BOX 390 MADISON, FL 32341		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address 2599 NW Whippoorwill DR Greenville FL			
City & State		City & State		4. FEI Number NOT APPLICABLE	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CHERRY, ALLEN 2133 NE CATTAIL DRIVE MADISON, FL 32340		7. Name and Address of New Registered Agent Name Joe Peavy (President) Street Address (P.O. Box Number is Not Acceptable) RT 3 Box 1793 City Madison FL Zip Code 32340			
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 X  2/28/04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP PEAVY, JOE RT 3 BOX 1763 MADISON, FL 32340	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Rogers, Clint RT 1 Box 330 Madison, FL 32340
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST CURL, EDDIE 139 NE CATTAIL DRIVE MADISON, FL 32340	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Curl, Eddie 139 NE cattail DR Madison FL 32340
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DAVIS, ARCHIE 1852 NE COTTONWOOD STREET LEE, FL 32059	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CONE, JEFFREY RT 3 BOX 63 GREENVILLE, FL 32331	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST Cone, Jeffery 2599 NW Whippoorwill DR Greenville, FL 32331
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D IOTT, RICK RT 1 BOX 450 MADISON, FL 32340	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GIBSON, DALE 1489 NE AVOCADO STREET MADISON, FL 32340	<input type="checkbox"/> Delete		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 exemption stated in Section 119.07(3)(i), 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:  Jeffery Cone 2/20/04 850 94-3173 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					