

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000012633

Entity Name: H & H CATTLE CO., INC.

FILED  
Apr 06, 2005  
Secretary of State

## Current Principal Place of Business:

505 AVE A NW STE 209  
WINTER HAVEN, FL 33882

## New Principal Place of Business:

505 AVE A NW STE 306  
WINTER HAVEN, FL 33881

## Current Mailing Address:

P.O. BOX 1112  
WINTER HAVEN, FL 33882

## New Mailing Address:

P.O. BOX 1112  
WINTER HAVEN, FL 338821112

FEI Number: 30-0020664

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

HOLLISTER, STEPHEN K  
505 AVE A NW STE 209  
WINTER HAVEN, FL 33882 US

## Name and Address of New Registered Agent:

HOLLISTER, STEPHEN K  
505 AVE A NW STE 306  
WINTER HAVEN, FL 33881 US

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.

SIGNATURE: STEPHEN K HOLLISTER

04/06/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: HOLLISTER, LENWOOD M SR  
Address: 537 HAWTHORNE TRAIL  
City-St-Zip: LAKE LAND, FL 33803

Title: VD ( ) Delete  
Name: HOLLISTER, STEPHEN K  
Address: 1420 ELLISON LANE  
City-St-Zip: LAKE LAND, FL 33801

Title: DST ( ) Delete  
Name: HOLLISTER, LENWOOD M JR  
Address: P.O. BOX 10543  
City-St-Zip: WINTER HAVEN, FL 33885

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VDT (X) Change ( ) Addition  
Name: HOLLISTER, STEPHEN K  
Address: 1420 ELLISON LANE  
City-St-Zip: LAKE LAND, FL 33801

Title: DS (X) Change ( ) Addition  
Name: HOLLISTER, LENWOOD M JR  
Address: P.O. BOX 10543  
City-St-Zip: WINTER HAVEN, FL 33885

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: STEPHEN K HOLLISTER

VT

04/06/2005

Electronic Signature of Signing Officer or Director

Date