

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 26, 2004 8:00 am
Secretary of State

02-10-2004 90022 039 ***150.00

DOCUMENT # P03000017320 1. Entity Name HANDCART CITRUS & CATTLE, INC.					
Principal Place of Business 12349 CURLEY STREET SAN ANTONIO FL 33576			Mailing Address 12349 CURLEY STREET SAN ANTONIO FL 33576		
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip		3. Mailing Address Suite, Apt. #, etc. PO BOX 537 City & State San Antonio, FL Zip 33576			
Country Zip		Country Pasco		4. FEI Number 54-2117191	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent SCHRADER, JEROME G 12349 CURLEY STREET SAN ANTONIO FL 33576			7. Name and Address of New Registered Agent Name Theodore J Schrader Street Address (P.O. Box Number is Not Acceptable) 12349 Curley Street City San Antonio FL Zip Code 33576		
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 _____ <small>Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE D <input type="checkbox"/> Delete NAME SCHRADER, THEODORE J STREET ADDRESS 12349 CURLEY STREET CITY-ST-ZIP SAN ANTONIO FL 33576			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
TITLE D <input type="checkbox"/> Delete NAME SCHRADER, TERRENCE E STREET ADDRESS 12349 CURLEY STREET CITY-ST-ZIP SAN ANTONIO FL 33576			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
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TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 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)(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 807, 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: <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date 2-4-04 Daytime Phone (352) 588-2038		

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MOORE CR2E034 (11/03)