2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Secretary of State DOCUMENT # P04000004460 02-09-2006 90043 029 ***150.00 1. Entity Name HENDRICK CATTLE COMPANY, INC. Principal Place of Business Mailing Address 60013446 1623 SW 350 MAYO FL 32066 5533 NE CR 350 MAYO FL 32066 2. Principal Place of Business 3. Mailing Address Suite. Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) 4. FEI Number City & State City & State Applied For 20-0459629 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name COULTHURST, BARBARA Street Address (P.O. Box Number is Not Acceptable) 172 W MAIN ST MAYO FL 32066 City Zip Code FL 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 Signature, typed or grinted name of registered agent and title if applicable (NOTE Registered Agent signature required when roinstating) DATE FILE NOW!!! FEE IS \$150.00. \$5.00 May Be 9. Election Campaign Financing After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE TITLE ☐ Delete ☐ Change ☐ Addition HENDRICK, L DEAN NAME NAME STREET ADDRESS 5533 NE CR 354 STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP MAYO FL 32066 VD TITLE Delete TITLE ☐ Addition NAME HENDRICK, LUCIAN NAME RT 2 BOX 345 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MAYO FL 32066 CITY-ST-ZIP ÷ . . . Delete TITLE TITLE Change ☐ Addition NAME NAMÉ HENDRICK, WILBER C STREET ADDRESS STREET ADDRESS 1623 SW 350 CITY-ST-ZIP MAYO FL 32066 CITY-SI-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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 607, Florida Statutes and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an other like empowered?

SIGNATURE:

FILED

Feb 09, 2006 8:00 am