

2008. FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P05000115329

1. Entity Name
RANCHERS AND FARMERS GENERAL AGENCY, INC.



Principal Place of Business
2610 SWEETGUM LANE
BEAUMONT, TX 77703

Mailing Address
P.O. BOX 3730
BEAUMONT, TX 77704-3730

FILED
Aug 25, 2008 08:00 AM
Secretary of State



07072008 No Chg-P CR2E034 (11/05)

4. FEI Number
20-3422359
Applied For
Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

**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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$550.00
Due by September 12, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

U00000958380
08/25/08-80006-018 550.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SHIPLEY, WESLEY W 2610 SWEETGUM BEAUMONT, TX 777034926
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MAY, JAMES A 2610 SWEETGUM BEAUMONT, TX 777034926
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V TED, MOOR E III 1245 NOTTINGHAM BEAUMONT, TX 77706
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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 address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/9/08 407-924-8200
Date Daytime Phone