

2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P06000018001

FILED
Dec 19, 2007
Secretary of State

Entity Name: CASSEL ALLIGATOR HUNTING & PROCESSING, INC.

Current Principal Place of Business:

16608 SE U.S. HIGHWAY 301
LOCHLOOSA, FL 32662

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 71
LOCHLOOSA, FL 32662

New Mailing Address:

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

RAMSEY, WILLIAM P
6315 SE U.S. HIGHWAY 301
HAWTHORNE, FL 32640 US

Name and Address of New Registered Agent:

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: WILLIAM P. RAMSEY

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: CASSELS, RAYMOND
Address: P O BOX 71
City-St-Zip: LOCHLOOSA, FL 32662

Title: ST () Delete
Name: CASSELS, MELISSA
Address: P.O. BOX 71
City-St-Zip: LOCHLOOSA, FL 32662

Title: VP () Delete
Name: CASSELS, KATRINA
Address: P.O. BOX 153
City-St-Zip: LOCHLOOSA, FL 32662

Title: VP () Delete
Name: BOX, JEANETTE
Address: P.O. BOX 153
City-St-Zip: CITRA, FL 32113

Title: VP () Delete
Name: CASSELS, ASHELY
Address: 15415 SE U.S. HIGHWAY 301
City-St-Zip: HAWTHORNE, FL 32640

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: MELISSA K. CASSELS

ST

12/19/2007

Electronic Signature of Signing Officer or Director

Date