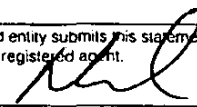
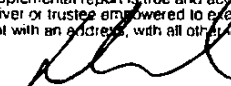


FILED
May 25, 2007 8:00 am
Secretary of State

04-23-2007 90053 021 ***150.00

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P06000113518			
1. Entity Name WATERMELON POND CATTLE COMPANY			
Principal Place of Business 25355 NW 8TH PLACE NEWBERRY, FL 32669		Mailing Address P.O. BOX 1199 NEWBERRY, FL 32669	
2. Principal Place of Business - No P.O. Box # 25145 NW 8th PLACE		3. Mailing Address	
Suite, Apt. #, etc. SUITE 10		Suite, Apt. #, etc.	
City & State NEWBERRY, FL		City & State	
Zip 32669	Country USA	Zip	Country
4. FEI Number 20-8986324		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required.	
6. Name and Address of Current Registered Agent NADEAU, MICHAEL 7910 SW 47TH COURT GAINESVILLE, FL 32608		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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:  DATE: 4/17/07 Signature, typed or printed name of registered agent and date if applicable (NOTE: Registered Agent signature required when re-registering)			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD NADEAU, MICHAEL 7910 8TH PLACE NEWBERRY, FL 32669 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition 7910 SW 47th CT GAINESVILLE, FL 32608
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VO CHANDLER, ALAN B 24318 NW 62ND AVENUE ALACHUA, FL 32615 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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:  MICHAEL NADEAU		DATE: 4/17/07 32-472-7295	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	