

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000036611

FILED  
Apr 06, 2009  
Secretary of State

Entity Name: WILLAWAY CATTLE COMPANY, INC.

## Current Principal Place of Business:

30395 NW 72ND AVE  
OKEECHOBEE, FL 34972 US

## New Principal Place of Business:

## Current Mailing Address:

30395 NW 72ND AVE  
OKEECHOBEE, FL 34972 US

## New Mailing Address:

FEI Number: 65-0519317      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

HOLCOMB JR, JOHN  
30395 NW 72ND AVE  
OKEECHOBEE, FL 34972 US

## Name and Address of New Registered Agent:

HOLCOMB JR, JOHN W  
30395 NW 72ND AVE  
OKEECHOBEE, FL 34972 US

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: JOHN W HOLCOMB JR

04/06/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: HOLCOMB, JOHN W  
Address: P.O BOX 370, 30395 NW 72ND AVENUE  
City-St-Zip: OKEECHOBEE, FL 34973

Title: DST ( ) Delete  
Name: HOLCOMB, KIMBERLY  
Address: P.O BOX 370, 30395 NW 72ND AVENUE  
City-St-Zip: OKEECHOBEE, FL 34973

Title: VD ( ) Delete  
Name: HOLCOMB, JOHN W III  
Address: P.O. BOX 370 NW 72ND AVE  
City-St-Zip: OKEECHOBEE, FL 34973

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: HOLCOMB, JOHN W  
Address: 30395 NW 72ND AVENUE  
City-St-Zip: OKEECHOBEE, FL 34972

Title: DST (X) Change ( ) Addition  
Name: HOLCOMB, KIMBERLY  
Address: 30395 NW 72ND AVENUE  
City-St-Zip: OKEECHOBEE, FL 34972

Title: VD (X) Change ( ) Addition  
Name: HOLCOMB, JOHN W III  
Address: 30395 NW 72ND AVE  
City-St-Zip: OKEECHOBEE, FL 34972

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: JOHN W HOLCOMB JR

PD

04/06/2009

Electronic Signature of Signing Officer or Director

Date