2006 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P93000057758

1. Entity Name
C-N-C CATTLE CO.

Principal Place of Business	Mailing Address
42291 SR 70 MYAKKA CITY, FL 34251 US	PO BOX 204 MYAKKA CITY, FL 34251 US

DO NOT WRITE IN THIS SPACE

01082006   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
65-0436620	Not Applicable

5. Certificate of Status Desired ☐   **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

CACCHIOTTI, ALBERT D
42291 S.R. 70
MYAKKA CITY, FL 34251

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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 $150.00
After May 1, 2006 Fee will be $550.00

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

U00000532859
05/06/06-80101-001 150.00

10.	OFFICERS AND DIRECTORS
TITLE	PD
NAME	CACCHIOTTI, ALBERT D.
STREET ADDRESS	42291 SR 70
CITY-ST-ZIP	MYAKKA CITY, FL
TITLE	STD
NAME	DEMATTEO, MARIE A.
STREET ADDRESS	42291 SR 70
CITY-ST-ZIP	MYAKKA CITY, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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 _Albert D Cacchiotti_

ALBERT D. CACCHIOTTI

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/22/06   941-322-2083

Date   Daytime Phone #