2007 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P93000057758

1. Entity Name

C-N-C CATTLE CO.

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

DO NOT WRITE IN THIS SPACE

03062007   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, 2007 Fee will be $550.00

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

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		
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NAME		
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CITY-ST-ZIP		

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03/30/07-80007-016 150.00

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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.   3/19/07   941-322-2083

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #