


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 16, 2006 08:00 AM
Secretary of State

DOCUMENT # P94000066410	
1. Entity Name RICE CATTLE COMPANY	

Principal Place of Business 33743 AMERICANA AVE DADE CITY, FL 33525 US	Mailing Address 33743 AMERICANA AVE DADE CITY, FL 33525 US
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DO NOT WRITE IN THIS SPACE



03012008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3282464	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

RICE, KELLY S
2100 CITY ROAD 478-A
WEBSTER, FL 33597

**DO NOT WRITE
IN THIS SPACE**

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 _____ (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

10. OFFICERS AND DIRECTORS	
TITLE	D
NAME	RICE, KELLY S
STREET ADDRESS	2100 CITY ROAD 478A
CITY-ST-ZIP	WEBSTER, FL
TITLE	D
NAME	RICE, KATHLEEN M
STREET ADDRESS	2100 CITY ROAD 478A
CITY-ST-ZIP	WEBSTER, FL
TITLE	D
NAME	RICE, TALMADGE G
STREET ADDRESS	33743 AMERICANA AVE
CITY-ST-ZIP	DADE CITY, FL 33525
TITLE	D
NAME	RICE, PAMELA S
STREET ADDRESS	33743 AMERICANA AVE
CITY-ST-ZIP	DADE CITY, FL 33525
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000000469324
03/25/06-80025-001 150.00

**DO NOT WRITE
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: Kelly S. Rice
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/17/2006
Date

752 279-7528
Daytime Phone