


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2008 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



04092008 No Chg-P CR2E034 (11/05)

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

6. Name and Address of Current Registered Agent

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

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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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U000000940559 05/28/08-80071-015 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RICE, KELLY S 2100 CITY ROAD 478A WEBSTER, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RICE, KATHLEEN M 2100 CITY ROAD 478A WEBSTER, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RICE, TALMADGE G 33743 AMERICANA AVE DADE CITY, FL 33525
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RICE, PAMELA S 33743 AMERICANA AVE DADE CITY, FL 33525
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: Kelly S. Rice 4/28/07 352 279-7528
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #