

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Aug 06, 2004 08:00 AM
Secretary of State

DOCUMENT # P95000025844 1. Entity Name CRESCENT CROSS CATTLE COMPANY	
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Principal Place of Business 3125 THORNHILL RD. WINTER HAVEN, FL 33880	Mailing Address P.O. BOX 1076 LAKELAND, FL 33802-1076
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DO NOT WRITE IN THIS SPACE



08032004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3304543	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
**HAMPTON, LYNN
3125 THORNHILL RD.
WINTER HAVEN, FL 33880**

**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.

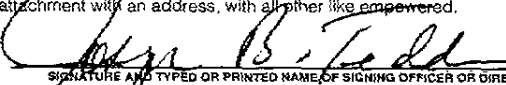
SIGNATURE _____ Signature typed or printed name of registered agent and date if applicable	(NOTE: Registered Agent signature required when reappointing)	DATE _____
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FILE NOW!!! FEE IS \$550.00 Due by September 8, 2004	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	000000169470 08706704-80002-002 550.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HAMPTON, LYNN 3125 THORNHILL RD. WINTER HAVEN, FL 33880
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HAMPTON, LEIGH 3125 THORNHILL RD. WINTER HAVEN, FL 33880
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TEDDER, JOSEPH B P.O. BOX 1076 LAKELAND, FL 338021076
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 exemption stated in Section 119.07(3)(f), 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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	JOSEPH B. TEDDER 8/4/04 Date	863-683-6783 Daytime Phone #
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