2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P96000098044

1. Entity Name
INDIAN PASS CATTLEMEN'S ASSOCIATION, INC.

Principal Place of Business	Mailing Address
19325 GULF BLVD	18395 GULF BLVD
INDIAN SHORES, FL 33785 US	.103
	INDIAN SHORES, FL 33785 US

DO NOT WRITE IN THIS SPACE

04152004   No Chg-P   CR2E034 (10/03)

4. FEI Number	Applied For
59-3430206	Not Applicable

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

6. Name and Address of Current Registered Agent

ENGLANDER, LEONARD S ESQ.
5959 CENTRAL AVE. STE 201
ST PETERSBURG, FL 33710

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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, 2004 Fee will be $550.00**	9. Election Campaign Financing Trust Fund Contribution. ☐	**$5.00** May Be Added to Fees

10.   OFFICERS AND DIRECTORS

TITLE	DP
NAME	CATE, DONALD N
STREET ADDRESS	19325 GULF BLVD
CITY-ST-ZIP	INDIAN SHORES, FL
TITLE	DST
NAME	CHIVAS, FRANK R
STREET ADDRESS	19325 GULF BLVD
CITY-ST-ZIP	INDIAN SHORES, 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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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: _____   4/21/04   727-391-4052
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #