
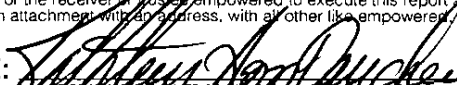


FILED  
Apr 27, 2007 8:00 am  
Secretary of State

04-27-2007 90195 041 \*\*\*150.00

2007 FOR PROFIT CORPORATION  
ANNUAL REPORT

DOCUMENT # P97000009450			
1. Entity Name LETTUCE CREEK CATTLE COMPANY			
Principal Place of Business 1222 JOSEPHINE CT SEBRING, FL 33872		Mailing Address 1222 JOSEPHINE CT SEBRING, FL 33872	
2. Principal Place of Business - No P.O. Box # 1771 Farm Rd.		3. Mailing Address 1771 Farm Rd.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Sebring, FL		City & State Sebring, FL	
Zip 33876		Zip 33876	
Country USA		Country USA	
4. FEI Number 65-0835878		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent HARRIS, BERT J III 212 INTERLAKE BLVD LAKE PLACID, FL 33852		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD TAUCHEN, KATHLEEN A 1222 JOSEPHINE CT SEBRING, FL 33872 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Tauchen, Kathleen A. 1771 Farm Rd. Sebring, FL 33876 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:  Kathleen A. Tauchen		4/20/07 863-655-0478 Date Daytime Phone #	