

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000083691

FILED
Jan 31, 2004
Secretary of State

Entity Name: K & L CATTLE COMPANY, INC.

Current Principal Place of Business:

17607 WHITEFOX DR
PARRISH, FL 34219 US

New Principal Place of Business:

17503 HOWLING WOLF RUN
PARRISH, FL 34219 US

Current Mailing Address:

P O BOX 223
PARRISH, FL 34219

New Mailing Address:

FEI Number: 65-0784681 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WELLS, LESLIE B
17503 HOWLING WOLF RUN
PARRISH, FL 34219

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: CHRISTIE, KATHERINE E
Address: 6608 RIVERVIEW BLVD W
City-St-Zip: BRADENTON, FL 34209

Title: P () Delete
Name: WELLS, LESLIE B
Address: 18204 COYOTE CREEK CT
City-St-Zip: PARRISH, FL 34219

Title: D () Delete
Name: GIGLIOTTI, JOSEPH
Address: P.O. BOX 14792
City-St-Zip: BRADENTON, FL

Title: D () Delete
Name: MERUCCI, LOU
Address: P O BOX 14283
City-St-Zip: BRADENTON, FL 34209

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LESLIE B WELLS

PRES

01/31/2004

Electronic Signature of Signing Officer or Director

Date