


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 26, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # P98000053368  
 1. Entity Name  
 LAZY C FEED & TACK SUPPLY, INC.



Principal Place of Business Mailing Address  
 5865 SW 176TH AVE (HWY 40) 5865 SW 176TH AVE (HWY 40)  
 DUNNELLO, FL 34432 DUNNELLO, FL 34432

**DO NOT WRITE IN THIS SPACE**



01172005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3524820 Applied For Not Applicable  
 5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
 CANNON, HOMER W III  
 5865 SW 176TH AVE (HWY 90)  
 DUNNELLO, FL 34432

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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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution:  \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	CANNON, HOMER W III
STREET ADDRESS	5865 SW 176TH AVE (HWY 90)
CITY - ST - ZIP	DUNNELLO, FL 34432
TITLE	D
NAME	CANNON, KELLY J
STREET ADDRESS	5865 SW 176TH AVE (HWY 90)
CITY - ST - ZIP	DUNNELLO, FL 34432
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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 01/27/05-80090-012 150.00

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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)(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: Homer W Cannon III President Date: 1-25-05 Daytime Phone #: 352-489-9222  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Homer W Cannon III