

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P98000102016

1. Entity Name
JFC CATTLE, INC.



Principal Place of Business
6619 66TH WAY
WEST PALM BEACH, FL 33409
Mailing Address
1400 -15TH ST N
SUITE A
IMMOKALEE, FL 34142 US

DO NOT WRITE IN THIS SPACE

**FILED
Feb 03, 2005 8:00 am
Secretary of State**

02-03-2005 90043 012 ***150.00



01212005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3556425	Applied For Not Applicable
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5. Certificate of Status Desired- <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent
JOLLY, AMANDA A
3507 SW MACON ROAD
PORT SAINT LUCIE, FL 34953

**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 title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**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 NAME STREET ADDRESS CITY-ST-ZIP	PSTD JOLLY, AMANDA A 3507 SW MACON ROAD PORT SAINT LUCIE, FL 34953
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD JOLLY, GREGORY F 835 PARK CHASE DR EVANS, GA 30809
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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 empowerments.

SIGNATURE: *Robert M Colman* /ccs/psa

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/29/05 139-657-3649
Date Daytime Phone #