


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 09, 2005 08:00 AM
Secretary of State

DOCUMENT # S50134 1. Entity Name HARVEY CATTLE AND LIVESTOCK COMPANY	
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Principal Place of Business 2709 LITTLE ROAD VALRICO FL 33594	Mailing Address 2709 LITTLE ROAD VALRICO FL 33594
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1st MOORE CR2E034 (10/04)

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 59-3066404	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 HARVEY, LONNIE 1011 ORANGEWALK DRIVE BRANDON FL 33511	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City
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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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE P	Delete <input type="checkbox"/>
NAME HARVEY, DOROTHY	
STREET ADDRESS 2709 LITTLE RD	
CITY-ST-ZIP VALRICO FL 33594	
TITLE VP	Delete <input type="checkbox"/>
NAME HARVEY, LONNIE	
STREET ADDRESS 1011 ORANGEWALK DRIVE	
CITY-ST-ZIP BRANDON FL 33511	
TITLE D	Delete <input type="checkbox"/>
NAME HARVEY, DEBORAH	
STREET ADDRESS 1011 ORANGEWALK DR.	
CITY-ST-ZIP BRANDON FL 33511	
TITLE 	Delete <input type="checkbox"/>
NAME 	
STREET ADDRESS 	
CITY-ST-ZIP 	
TITLE 	Delete <input type="checkbox"/>
NAME 	
STREET ADDRESS 	
CITY-ST-ZIP 	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE 	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME 	
STREET ADDRESS 	
CITY-ST-ZIP 	
TITLE 	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME 	
STREET ADDRESS 	
CITY-ST-ZIP 	
TITLE 	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME 	
STREET ADDRESS 	
CITY-ST-ZIP 	

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: *Lonnie Harvey* VP Date: 02/03/2005

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #