2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

Jan 24, 2005 08:00 AM DOCUMENT # V34602 **Secretary of State** 1. Entity Name SOUTHERN TIER LAND & CATTLE COMPANY, INC. Mailing Address Principal Place of Business 107 RIDLEY AVE. LAGRANGE GA 30240 US 107 RIDLEY AVE LA GRANGE GA 30240 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc Suite, Apt #, etc. CR2E034 (10/04) Applied For City & State 4. FEI Number City & State 58-1994332 Not Applicable Zıp Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent LINDSEY, WM SCOTT 1407 PIEDMONT DRIVE EAST Street Address (P.O. Box Number is Not Acceptable) TALLAHASSEE FL 32312 Zip Code City 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, 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 \$5.00 May B: 9. Election Campaign Financing After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. Change Artilli TITLE 000000190166 PD Delete THELE 01/24/05-80126-003 150.00 SMITH, ELLIS C NAME NAME STREET ADDRESS 107 RIDLEY AVENUE STREET ADDRESS. CITY-ST-ZIP CITY-SI-ZIP LAGRANGE GA 30240 Additio TITLE ☐ Delete TITLE Change SMITH, ELLIS C NAME 107 RIDLEY AVE STREET ADDRESS STREET ADDRESS LA GRANGE GA CHY-ST-ZIP CITY - ST - ZIP ☐ Change Addita ☐ Deiete TITLE THEE NAME STREET ADDRESS STREET ADDRESS CHY-SI-7P CITY-ST-ZIP Change Addition | Delete TIME TITLE NAME STREET ADDRESS STREET ADDRESS CHY-SI-ZIP CHY-ST-ZIP Addition Addition Delete TITLE The Change THUE NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CIFY-ST-ZIP □ A∵ Õ ☐ Change Delete TITI F HHE NAME NAME STREET AUDRESS STREET ADDRESS CITY-ST-ZIP 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)(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 direction 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 changed, or on an attachment with an address, with all other like empowered.

FILED