


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2004 8:00 am
Secretary of State

04-19-2004 90736 018 ***150.00

DOCUMENT # 162706			
1. Entity Name CATTLE FARMS INC			
Principal Place of Business #5 LAKE BREEZE CT KENNEZ, LA 70065 US		Mailing Address #5 LAKE BREEZE CT KENNEZ, LA 70065 US	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



02202004 Chg-P CR2E034 (10/03)

4. FEI Number
72-6021075

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND PLANTATION, FL 33324		Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	

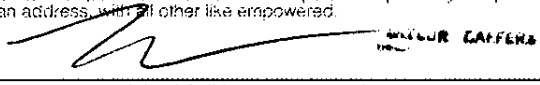
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing	\$5.00 May Be Added to Fees
	Trust Fund Contribution. <input type="checkbox"/>	

10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	PD	<input type="checkbox"/> Delete		TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	CAFFERY, TAYLOR L.			NAME			
STREET ADDRESS	2431 S ACADIAN THRUWAY, STE 200			STREET ADDRESS	5420 Corporate Blvd.		
CITY-ST-ZIP	BATON ROUGE, LA			CITY-ST-ZIP	Baton Rouge, LA 70808		
TITLE	D	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	DART, STEPHEN P			NAME			
STREET ADDRESS	PO DRAWER 610			STREET ADDRESS			
CITY-ST-ZIP	ST FRANCISVILLE, LA			CITY-ST-ZIP			
TITLE	D	<input checked="" type="checkbox"/> Delete		TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	CAFFERY, ELLIE W.			NAME	ALBERT N. PEMBROKE		
STREET ADDRESS	1574 HENRY CLAY AVE			STREET ADDRESS	P.O. BOX 636		
CITY-ST-ZIP	NEW ORLEANS, LA 00000,			CITY-ST-ZIP	KILMARNOCK, VA 22487		
TITLE	D	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BUCK, HARRY H JR			NAME			
STREET ADDRESS	1305 TERRY WAY			STREET ADDRESS			
CITY-ST-ZIP	FALLSTON, MD			CITY-ST-ZIP			
TITLE	D	<input checked="" type="checkbox"/> Delete		TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	POWER, MARY B			NAME	STEWART HUGHES		
STREET ADDRESS	3724 BISQUIER DRIVE			STREET ADDRESS	6060 GEN. MEYER		
CITY-ST-ZIP	ANCHORAGE, AK 00000,			CITY-ST-ZIP	NEW ORLEANS, LA 70131		
TITLE	SDT	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	DART, JOHN JR			NAME			
STREET ADDRESS	#3 SHADY LANE			STREET ADDRESS			
CITY-ST-ZIP	COVINGTON, LA			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 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  **TAYLOR CAFFERY**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Apr 15 2004 225
 426-6959
 Date Daytime Phone #