


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 10, 2005 08:00 AM
Secretary of State

DOCUMENT # 790482 1. Entity Name FLORIDA BRAHMAN ASSOCIATION, INC.	
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Principal Place of Business 800 SHAKERAG RD KISSIMMEE FL 34744 US	Mailing Address C/O MARCUS D. SHACKELFORD POST OFFICE BOX 935 WAUCHULA FL 33873 US
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1st MOORE CR2E037 (10/04)

2. Principal Place of Business	3. Mailing Address	4. FEI Number 59-6151508	Applied For <input type="checkbox"/> Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
City & State	City & State	6. Name and Address of Current Registered Agent	
Zip	Country	Zip	Country

6. Name and Address of Current Registered Agent

SHACKELFORD, MARCUS
840 WINGATE ROAD
WAUCHULA FL 33873

7. Name and Address of New Registered Agent

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25
Due By May 1, 2005

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

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS	
TITLE	P SHACKELFORD, MARCUS <input type="checkbox"/> Delete
NAME	POST OFFICE BOX 935
STREET ADDRESS	WAUCHULA FL 33873-0935
CITY - ST - ZIP	
TITLE	VP NORRIS, KEVIN <input type="checkbox"/> Delete
NAME	4315 OAK THICKET LANE
STREET ADDRESS	ZOLFO SPRINGS FL 33890
CITY - ST - ZIP	
TITLE	D BARTHLE, LARRY <input type="checkbox"/> Delete
NAME	17231 BELLAMY BROS BLVD
STREET ADDRESS	DADE CITY FL 33523
CITY - ST - ZIP	
TITLE	T PARTIN, JANET <input type="checkbox"/> Delete
NAME	2730 NEPTUNE ROAD
STREET ADDRESS	KISSIMMEE FL 34744
CITY - ST - ZIP	
TITLE	D CHAPMEN, JIMMY <input type="checkbox"/> Delete
NAME	3650 N. CANOE CREEK ROAD
STREET ADDRESS	KANANSVILLE FL 34744
CITY - ST - ZIP	
TITLE	D PARTIN, MIKE <input type="checkbox"/> Delete
NAME	2730 NEPTUNE ROAD
STREET ADDRESS	KISSIMMEE FL 34744
CITY - ST - ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	U00000223829
STREET ADDRESS	02/10/05-80060-013 61.25
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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)(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 617, 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 Janet Partin Janet Partin 2/7/05 407-846-2168

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