## 2005 FOR PROFIT CORPORATION **ANNUAL REPORT**

## Apr 08, 2005 08:00 AM Secretary of State **DOCUMENT # P02000058675** TRIPLE J LAND & CATTLE COMPANY, INC. Principal Place of Business Mailing Address 25435 LOBLOLLY BAY RD. S.W. 25435 LOBLOLLY BAY RD. S.W. LABELLE, FL 33935 LABELLE, FL 33935 03302005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 26-0059796 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent FREEMAN, JEFFREY DO NOT WRITE 25435 LOBLOLLY BAY RD. S.W. LABELLE, FL 33935 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 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE NAME FREEMAN, JEFFREY U00000293811 04/08/05-80043-025 150.00 25435 LOBLOLLY BAY RD. S.W. STREET ADDRESS CITY - ST - ZIP LABELLE, FL 33935 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

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:

NAME STREET ADDRESS CITY-ST-ZIP

863-675-8489

**FILED** 

Daytime Phone #