


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 20, 2006 08:00 AM
Secretary of State

DOCUMENT # 160017 1. Entity Name CATTELEMENS LIVESTOCK AUCTION MARKET INC.					
Principal Place of Business 3305 HWY 92 E. LAKELAND FL 33801			Mailing Address P O BOX 26 HIGHWAY 92 EAST LAKELAND FLA 33802		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number 59-0605448	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent DAVID L. TOMKOW 2412 W ARIANA ST LAKELAND FL 33803				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 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 _____ (NOTE: Registered Agent signature required when reinsiding) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State					
9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Added to Fee					
10. OFFICERS AND DIRECTORS					
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Delete	
	PD	DAVID L TOMKOW	2412 W ARIANA ST LAKELAND FL		
	SD	MICHAEL TOMKOW	16722 PACKING HOUSE RD DADE CITY FL		
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11.					
TITLE NAME STREET ADDRESS CITY - ST - ZIP					
000000441200 03/03/06-80027-003 150.00					
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: _____					