

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 06, 2005 08:00 AM
Secretary of State

DOCUMENT # 339014

1. Entity Name
ZEPHYR FEED COMPANY INC



Principal Place of Business
**4622 GALL BLVD.
P. O. BOX 9005
ZEPHYRHILLS, FL 33539-9005 US**

Mailing Address
**P. O. BOX 9005.
P. O. BOX 9005
ZEPHYRHILLS, FL 33539-9005 US**



01102005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1226721

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**LINVILLE, TERRY ASST SEC
3637 FLA. RANCH BLVD
5215 BERNADETTE DR
ZEPHYRHILLS, FL 33541**

**DO NOT WRITE
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 file if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VD
LINVILLE, JAY
4623 RYALS RD
ZEPHYRHILLS, FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
LINVILLE, LOIS
N DAIRY RD
ZEPHYRHILLS, FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SD
LINVILLE, TERRY
5215 BERNADETTE DR
ZEPHYRHILLS, FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VD
LINVILLE, DANNY
370A1 DAIRY RD
ZEPHYRHILLS, FL 33540**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

UD00001364444
05/06/05-80044-004 150.00

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/05

813-782-1521

Date

Daytime Phone #