


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2008 08:00 AM
Secretary of State

DOCUMENT # 444858	
1. Entity Name MAPLE LANE CATTLE CO., INC.	

Principal Place of Business 11004 THERESA ARBOR DRIVE TEMPLE TERRACE, FL 33617	Mailing Address 11004 THERESA ARBOR DRIVE TEMPLE TERRACE, FL 33617
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DO NOT WRITE IN THIS SPACE



01142008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-1531766	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HOBBS, HARRY M A
3719 SWANN AVE W
TAMPA, FL 33609

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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

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 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	T APRILE, JENNIE 11004 THERESA ARBOR DR. TEMPLE TERRACE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S APRILE, JOSEPH (1ST) 1112 WEST RIVER DRIVE TEMPLE TERRACE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD APRILE, DANIEL (2ND) 6704 DRIFTING SANDS TEMPLE TERRACE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T APRILE, RONALD 9225 KINGSRIDGE DR. TAMPA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: Jennie Aprile
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____ Daytime Phone # _____