


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 05, 2004 08:00 AM
Secretary of State

DOCUMENT # 557897	
1. Entity Name THE 2-P CATTLE COMPANY	

Principal Place of Business 4144 WEST MAIN STREET WAUCHULA, FL 33873 US	Mailing Address P O BOX 907 WAUCHULA, FL 33873 US
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DO NOT WRITE IN THIS SPACE



04302004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-1801901	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

**BOSWELL, C.A. JR.
190 E DAVIDSON ST
BARTOW, FL**

**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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ROTH, JOHN 2501 LAKE BUFFUM RD EAST FORT MEADE, FL 33841
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PDT MOORE, DIANE L. 4144 WEST MAIN STREET WAUCHULA, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VSD ROTH, CLARICE L. 2501 LAKE BUFFUM RD EAST FORT MEADE, FL 33841
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MOORE, KENNETH I 4144 WEST MAIN STREET WAUCHULA, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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05/05/04-80075-010 150.00

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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: Diane Polk Moore Diane Polk Moore President 4/27/04 863-235-8593
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #