


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2005 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



04292005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number: 59-1801901 Applied For / Not Applicable
 5. Certificate of Status Desired \$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 _____ (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	D
NAME	ROTH, JOHN
STREET ADDRESS	2501 LAKE BUFFUM RD EAST
CITY-ST-ZIP	FORT MEADE, FL 33841
TITLE	PDT
NAME	MOORE, DIANE L.
STREET ADDRESS	4144 WEST MAIN STREET
CITY-ST-ZIP	WAUCHULA, FL
TITLE	VSD
NAME	ROTH, CLARICE L.
STREET ADDRESS	2501 LAKE BUFFUM RD EAST
CITY-ST-ZIP	FORT MEADE, FL 33841
TITLE	D
NAME	MOORE, KENNETH I
STREET ADDRESS	4144 WEST MAIN STREET
CITY-ST-ZIP	WAUCHULA, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000359653
 05/05/05-80001-025 150.00

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)(f), 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 L. Moore, Diane L. Moore, President 4/28/05 863-735-8533
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #