


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2007 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 4144 WEST MAIN STREET WAUCHULA, FL 33873 US
--	--

DO NOT WRITE IN THIS SPACE



04172007 No Chg-P CR2E034 (11/05)

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
**WILSON, DONALD H JR
 245 SOUTH CENTRAL AVE
 BARTOW, FL 33830**

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 title if applicable (NOTE Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2007 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	ROTH, JOHN 2501 LAKE BUFFUM RD EAST FORT MEADE, FL 33841
TITLE PDT	MOORE, DIANE L. 4144 WEST MAIN STREET WAUCHULA, FL
TITLE VSD	ROTH, CLARICE L. 2501 LAKE BUFFUM RD EAST FORT MEADE, FL 33841
TITLE D	MOORE, KENNETH I 4144 WEST MAIN STREET WAUCHULA, FL
TITLE NAME STREET ADDRESS CITY- ST- ZIP	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	

DO NOT WRITE IN THIS SPACE

U00000754694
 05/22/07-80071-008 150.00

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: Clare Polk Rohn **4-25-07** **863-537-5593**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #