

**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**



04172007 No Chg-P CR2E034 (11/05)

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

**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
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	

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05/22/07-80071-008 150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the 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 Roth
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-25-07
Date

863-537-5593
Daytime Phone #