

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 557897

FILED
Apr 29, 2009
Secretary of State

Entity Name: THE 2-P CATTLE COMPANY

Current Principal Place of Business:

4144 WEST MAIN STREET
WAUCHULA, FL 33873 US

New Principal Place of Business:

Current Mailing Address:

4144 WEST MAIN STREET
WAUCHULA, FL 33873 US

New Mailing Address:

2501 LAKE BUFFUM ROAD EAST
FORT MEADE, FL 33841 US

FEI Number: 59-1801901

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: ROTH, JOHN
Address: 2501 LAKE BUFFUM RD EAST
City-St-Zip: FORT MEADE, FL 33841

Title: PDT () Delete
Name: MOORE, DIANE L.
Address: 4144 WEST MAIN STREET
City-St-Zip: WAUCHULA, FL

Title: VSD () Delete
Name: ROTH, CLARICE L.
Address: 2501 LAKE BUFFUM RD EAST
City-St-Zip: FORT MEADE, FL 33841

Title: D () Delete
Name: MOORE, KENNETH I
Address: 4144 WEST MAIN STREET
City-St-Zip: WAUCHULA, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CLAIRCE P ROTH

VP

04/29/2009

Electronic Signature of Signing Officer or Director

Date