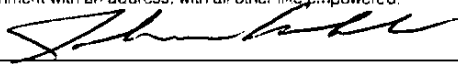


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2005 8:00 am
Secretary of State

04-14-2005 90093 050 ***158.75

DOCUMENT # 665938 1. Entity Name CALLAWAY LAND & CATTLE CO., INC.					
Principal Place of Business % FRANK H. FEE, III 401-A S. INDIAN RIVER DRIVE FORT PIERCE, FL 34950				Mailing Address % FRANK H. FEE, III 401-A S. INDIAN RIVER DRIVE FORT PIERCE, FL 34950	
2. Principal Place of Business 30395 NW 72nd Avenue Suite, Apt. #, etc.		3. Mailing Address P O Box 370 Suite, Apt. #, etc.			
City & State Okeechobee, FL		City & State Okeechobee, FL		4. FEI Number 59-2068168	
Zip 34972		Country USA		5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent FEE, FRANK H., III 401-A S. INDIAN RIVER DRIVE FORT PIERCE, FL 34950				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 renouncing) Signature, typed or printed name of registered agent and title if applicable					
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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD HOLCOMB, JOHN W. 9655 RESERVE BLVD PT. ST. LUCIE, FL	☐ Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD HOLCOMB, KIMBERLY 9655 RESERVE BLVD PT. ST. LUCIE, FL	☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D HOLCOMB, JOHN W III PO BOX 370, 30395 NW 72ND AVE OKEECHOBEE, FL 34973	☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Change ☐ Addition			
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:  John W. Holcomb 4/12/05 863-467-6565 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					