

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 18, 2006 08:00 AM
Secretary of State

DOCUMENT # 674007 1. Entity Name HAMMOCK LAND AND CATTLE CO., INC.	
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Principal Place of Business 234 S 6TH AVENUE P O BOX 1149 WAUCHULA, FL 33873-1149 US	Mailing Address 234 S 6TH AVENUE P O BOX 1149 WAUCHULA, FL 33873-1149 US
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04042006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2010380	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent O'NEAL, JOHN H 234 SOUTH 6TH AVENUE P.O. BOX 1149 WAUCHULA, FL 33873
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**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, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD DAVIS, JOE L JR 322 NE MANLEY RD, P O BOX 1149 WAUCHULA, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P O'NEAL, JOHN H 234 S. 6TH AVE, PO BOX 1149 WAUCHULA, FL 33873
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD DAVIS, JOE L SR 708 E MAIN ST, P O BOX 11A49 WAUCHULA, FL
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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05/01/06-80025-021 150.00

**DO NOT WRITE
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: Joe L Davis Jr 4-10-06 863-773-2128
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #