

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 01, 2007 8:00 am**  
**Secretary of State**

02-01-2007 90034 004 \*\*\*150.00

**DOCUMENT # 674007**

1. Entity Name  
**HAMMOCK LAND AND CATTLE CO., INC.**



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

**40008423**



2. Principal Place of Business - No P.O. Box #  
Suite, Apt. #, etc.  
City & State  
Zip Country

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip Country

01152007 Chg-P CR2E034 (12/06)

4. FEI Number  
**59-2010380**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent  
**O'NEAL, JOHN H**  
**234 SOUTH 6TH AVENUE**  
**P.O. BOX 1149**  
**WAUCHULA, FL 33873**

7. Name and Address of New Registered Agent  
Name **Joe L. Davis, Jr.**  
Street Address (P.O. Box Number is Not Acceptable)  
**234 S. 6th Ave.**  
**P.O. Box 1149**  
City **Wauchula** **FL** Zip Code **33873**

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 *Joe L. Davis, Jr.* DATE **1-15-07**  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**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 NAME STREET ADDRESS CITY - ST - ZIP	STD DAVIS, JOE L JR 322 NE MANLEY RD, P O BOX 1149 WAUCHULA, FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P O'NEAL, JOHN H 234 S. 6TH AVE, PO BOX 1149 WAUCHULA, FL 33873 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD DAVIS, JOE L SR 708 E MAIN ST, P O BOX 11A49 WAUCHULA, FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 234 S. 6th Ave. P.O. Box 1149 Wauchula, FL 33873
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition President Joe L. Davis, Jr. 234 S. 6th Ave. P.O. Box 1149 Wauchula, FL 33873
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 234 S. 6th Ave. P.O. Box 1149 Wauchula, FL 33873
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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.* DATE **1-15-07** **863-453-7777**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date 863-773-2128