

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 17, 2008 08:00 A
Secretary of State

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**



03062008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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

**DAVIS, JOE L JR
234 SOUTH 6TH AVE
PO BOX 1149
WAUCHULA, FL 33873**

**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, 2008 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 234 SOUTH 6TH AVE PO BOX 1149 WAUCHULA, FL 33873
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DAVIS, JOE L JR 234 SOUTH 6TH AVE PO BOX 1149 WAUCHULA, FL 33873
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD DAVIS, JOE L SR 234 SOUTH 6TH AVE PO BOX 1149 WAUCHULA, FL 33873
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000860383
04/02/08-80059-010 150.00

**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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-10-08 863-453-7777

Date

Daytime Phone #

Joe L. Davis Jr
Secretary - Treasurer