

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 674007

FILED
Mar 13, 2009
Secretary of State

Entity Name: HAMMOCK LAND AND CATTLE CO.,INC.

Current Principal Place of Business:

234 S 6TH AVENUE
P O BOX 1149
WAUCHULA, FL 338731149 US

New Principal Place of Business:

234 S 6TH AVENUE
WAUCHULA, FL 338731149 US

Current Mailing Address:

234 S 6TH AVENUE
P O BOX 1149
WAUCHULA, FL 338731149 US

New Mailing Address:

P.O. BOX 1149
WAUCHULA, FL 338731149 US

FEI Number: 59-2010380

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

DAVIS, JOE L JR
234 SOUTH 6TH AVE
WAUCHULA, FL 33873 US

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:

03/13/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: STD () Delete
Name: DAVIS, JOE L JR
Address: 234 SOUTH 6TH AVE PO BOX 1149
City-St-Zip: WAUCHULA, FL 33873

Title: P () Delete
Name: DAVIS, JOE L JR
Address: 234 SOUTH 6TH AVE PO BOX 1149
City-St-Zip: WAUCHULA, FL 33873

Title: VPD () Delete
Name: DAVIS, JOE L SR
Address: 234 SOUTH 6TH AVE PO BOX 1149
City-St-Zip: WAUCHULA, FL 33873

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:

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: JOE L. DAVIS, JR.

PD/S

03/13/2009

Electronic Signature of Signing Officer or Director

Date