

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 17, 2006 08:00 AM
Secretary of State

DOCUMENT # P00000081855

1. Entity Name
NORTH FLORIDA LIVESTOCK MARKET, INC.



Principal Place of Business

**HWY 41-441
LAKE CITY, FL 32025**

Mailing Address

**P.O. BOX 3235
LAKE CITY, FL 32056-3235**

DO NOT WRITE IN THIS SPACE



04042003 No Chg P CRZE034 (11/05)

4. FEI Number **59-3670564** Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**CONELY, TOM M
401 NW 6TH ST
OKEECHOBEE, FL 34972**

**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 fee of applicant

(NOTE: Filing and Agent signatures required when submitting)

DATE

**FILE NOW!!! FEE IS \$450.00
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	D
NAME	CLEMONS, TODD
STREET ADDRESS	395 SW 24TH AVENUE
CITY- ST- ZIP	OKEECHOBEE, FL 34974
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

**DO NOT WRITE
IN THIS SPACE**

05/01/06-80016-016 150.00

~~089-4500453-1009068796~~

~~DEPOSIT ONLY 150.00~~

~~05/01/06-80016-016~~

VIA

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

4-10-06

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