

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 26, 2004 8:00 am
Secretary of State

08-26-2004 90006 013 ***558.75

DOCUMENT # P00000112710 1. Entity Name L BAR L CATTLE COMPANY, INC.			
(Principal/Place of Business) 250 N E 144TH ST OKEECHOBEE, FL 34972		(Mailing Address) 2201 S W 28TH ST STE 17 OKEECHOBEE, FL 34974	
2. (Principal/Place of Business) 420 N.E. 144th St.		3. (Mailing Address) 12350 NE 26th Ave	
(Suite, Apt. #, etc.)		(Suite, Apt. #, etc.)	
(City & State) Okeechobee, Fla		(City & State) Okeechobee, Fla	
(Zip) 34972		(Zip) 34972	
(Country) Okeechobee		(Country) Okeechobee	
4. (FEI Number) 65-1061359		☐ Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee (Required)	
6. Name and Address of Current Registered Agent LUMPKIN, MORGAN 2201 S W 28TH ST #17 OKEECHOBEE, FL 34974		7. Name and Address of New Registered Agent (Name) Morgan Lumpkin (Street Address (P.O. Box Number is Not Acceptable)) 12350 NE 26th Avenue (City) Okeechobee FL (Zip Code) 34972	
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 _____ (NOTE: Registered Agent signature required when reinstating) (DATE) _____			
FILE NOW!!! FEE IS \$550.00 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 (May Be Added to Fees)	
T10. (OFFICERS AND DIRECTORS)		T11. (ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN T11)	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	PD LUMPKIN, MORGAN 2201 S W 28TH ST #17 OKEECHOBEE, FL 34974	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	PD Lumpkin, Morgan 12350 NE 26th Ave Okeechobee, FL 34972
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	VSD LAGRANGE, CHARLES A 250 N E 144TH ST OKEECHOBEE, FL 34972	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	VSD La Grange, Charles A 13345 S.E. 42nd St. Okeechobee, Fla. 34974
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	(Delete)	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	(Change) (Addition)
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	(Delete)	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	(Change) (Addition)
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	(Delete)	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	(Change) (Addition)
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	(Delete)	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	(Change) (Addition)
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(9)(i), 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 T10 or Block T11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: Morgan Lumpkin _____ (Signature and Typed or Printed Name of Signing Officer or Director)		Date: 8/24/04 Daytime Phone: 863-634-7051	