

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Feb 07, 2007 08:00 AM
Secretary of State

DOCUMENT-# P03000048058

1. Entity Name
COLT CATTLE & LAND CO. INC.



Principal Place of Business
4912 NW 27TH AVENUE
OCALA FL 34475

Mailing Address
4912 NW 27TH AVENUE
OCALA FL 34475



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/06)

4. FEI Number 55-0837216

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DEAN, MICHAEL E
230 NE 25TH AVENUE
OCALA FL 34470

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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, 2007 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME: MR. PAPP, WYATT
STREET ADDRESS: 4912 NW 27TH AVENUE
CITY- ST- ZIP: Ocala FL 34475 ☐ Delete

TITLE
NAME: ☐ Change ☐ Addition
STREET ADDRESS: ☐ Change ☐ Addition
CITY- ST- ZIP: ☐ Change ☐ Addition

TITLE
NAME: ☐ Delete
STREET ADDRESS: ☐ Delete
CITY- ST- ZIP: ☐ Delete

TITLE
NAME: ☐ Change ☐ Addition
STREET ADDRESS: ☐ Change ☐ Addition
CITY- ST- ZIP: ☐ Change ☐ Addition

TITLE
NAME: ☐ Delete
STREET ADDRESS: ☐ Delete
CITY- ST- ZIP: ☐ Delete

TITLE
NAME: ☐ Change ☐ Addition
STREET ADDRESS: ☐ Change ☐ Addition
CITY- ST- ZIP: ☐ Change ☐ Addition

TITLE
NAME: ☐ Delete
STREET ADDRESS: ☐ Delete
CITY- ST- ZIP: ☐ Delete

TITLE
NAME: ☐ Change ☐ Addition
STREET ADDRESS: ☐ Change ☐ Addition
CITY- ST- ZIP: ☐ Change ☐ Addition

TITLE
NAME: ☐ Delete
STREET ADDRESS: ☐ Delete
CITY- ST- ZIP: ☐ Delete

TITLE
NAME: ☐ Change ☐ Addition
STREET ADDRESS: ☐ Change ☐ Addition
CITY- ST- ZIP: ☐ Change ☐ Addition

TITLE
NAME: ☐ Delete
STREET ADDRESS: ☐ Delete
CITY- ST- ZIP: ☐ Delete

TITLE
NAME: ☐ Change ☐ Addition
STREET ADDRESS: ☐ Change ☐ Addition
CITY- ST- ZIP: ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Wyatt Papp

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-7-05 352-266-0054

Date

Daytime Phone #