



2005 FOR PROFIT CORPORATION ANNUAL REPORT

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FILED
Jun 02, 2005 8:00 am
Secretary of State

05-02-2005 90550 023 ***158.75

DOCUMENT # P04000107148					
1. Entity Name INTEGRITY LAND & CATTLE CO.					
Principal Place of Business 5006 TROUBLE CREEK RD SUITE 228 NEW PORT RICHEY, FL 34652			Mailing Address 5006 TROUBLE CREEK RD SUITE 228 NEW PORT RICHEY, FL 34652		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent CARDWELL, EDWIN M 5006 TROUBLE CREEK RD SUITE 228 NEW PORT RICHEY, FL 34652				7. Name and Address of New Registered Agent 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when relinquishing)</small> DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D CARDWELL, EDWIN M <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	4303 CANNA LILY DRIVE		NAME		
STREET ADDRESS	NEW PORT RICHEY, FL 34652		STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	D CARDWELL, KRISTIN K <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	4303 CANNA LILY DRIVE		NAME		
STREET ADDRESS	NEW PORT RICHEY, FL 34652		STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	D CARDWELL, JESSICA N <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	4303 CANNA LILY DRIVE		NAME		
STREET ADDRESS	NEW PORT RICHEY, FL 34652		STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: 		Edwin M Cardwell President 4/28/05 Date			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

66020547



04242005 Chg-P CR2E034 (10/03)

4. FEI Number **34-2004277** Applied For
Not Applicable

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

FL

Zip Code

727-849-5102