

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 03, 2005 8:00 am
Secretary of State

02-03-2005 90043 012 ***150.00

DOCUMENT # P98000102016

1. Entity Name
JFC CATTLE, INC.



Principal Place of Business
6619 66TH WAY
WEST PALM BEACH, FL 33409

Mailing Address
1400 -15TH ST N
SUITE A
IMMOKALEE, FL 34142 US



01212005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3556425

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

JOLLY, AMANDA A
3507 SW MACON ROAD
PORT SAINT LUCIE, FL 34953

**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 title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	PSTD
NAME	JOLLY, AMANDA A
STREET ADDRESS	3507 SW MACON ROAD
CITY-ST-ZIP	PORT SAINT LUCIE, FL 34953
TITLE	VPD
NAME	JOLLY, GREGORY F
STREET ADDRESS	835 PARK CHASE DR
CITY-ST-ZIP	EVANS, GA 30809
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**

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 empowerings.

SIGNATURE: *Robert M. Colman* *CAA/POA*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/28/05 *739-657-3644*
Date Daytime Phone #