



# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 04, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # P99000037631 1. Entity Name 3 WAY CATTLE CO., INC.	
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Principal Place of Business 13992 N. US HWY. 301 OXFORD, FL 34484	Mailing Address 13992 N. US HWY. 301 OXFORD, FL 34484
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**DO NOT WRITE IN THIS SPACE**

	
03182005 No Chg-P CR2E034 (10/03)	
4. FEI Number 59-3585533	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  BROWN, LARRY R 13992 N. US HWY. 301 OXFORD, FL 34484	<b>DO NOT WRITE IN THIS SPACE</b>
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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 \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FLANDERS, L.B. 6315 KATHLEEN RD. LAKELAND, FL 33810
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BROWN, LARRY R 13992 N. US HWY. 301 OXFORD, FL 34484
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST JOWERS, DONNIE 4597 C.R. 103G OXFORD, FL 34484
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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04/05/05-80011-012 150.00

**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 empowered.

SIGNATURE: Donnie Jowers (Sec-Treas.) 14-4-05 (last)  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #