


FILED
Mar 06, 2007 8:00 am
Secretary of State

03-06-2007 90003 038 ***150.00

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P99000037631		
1. Entity Name 3 WAY CATTLE CO., INC.		
Principal Place of Business 13992 N. US HWY. 301 OXFORD, FL 34484		Mailing Address 13992 N. US HWY. 301 OXFORD, FL 34484
DO NOT WRITE IN THIS SPACE		
5. Name and Address of Current Registered Agent BROWN, LARRY R 13992 N. US HWY. 301 OXFORD, FL 34484		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: _____ (NOTE: Registered Agent signature required when remaining) DATE: _____		
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 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		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FLANDERS, L.B. 6315 KATHLEEN RD. LAKE LAND, 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		
DO NOT WRITE IN THIS SPACE		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: <u>Donnie Jowers</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date: <u>2-06-07</u> <u>352</u> 748-2085 Daytime Phone #