## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000070960

**Entity Name: CATTLE PEN CORPORATION** 

FILED Sep 08, 2004 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 

2500 EDWARDS DRIVE 3323 S. DALE MABRY HWY FORT MYERS, FL 33901 US TAMPA, FL 33629

**Current Mailing Address: New Mailing Address:** 

2500 EDWARDS DRIVE 3323 S. DALE MABRY HWY ATTN: SUWALEE THANGSUMPHANT ATTN: SUWALEE THANGSUMPHANT FORT MYERS, FL 33901 US TAMPA, FL 33629 US

FEI Number: 65-0955767 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

KUSHNER, STEVEN P CHINSOMBOON, DEN 3323 S. DALE MÁBRY HWY 1375 JACKSON STREET SUITE 202 TAMPA, FL 33629 FORT MYERS, FL 33901

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.

SIGNATURE: DEN CHINSOMBOON 09/08/2004

> Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

Title:

## **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Change () Addition

( ) Delete THANGSUMPHANT, SUWALEE Name: Name: 2500 EDWARDS DRIVE Address: Address: City-St-Zip: FORT MYERS, FL 33901 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SUWALEE THANGSUMPHANT **PRES** 09/08/2004