


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

05-07-2008 90108 017 \*\*\*\*150.00  
F94000000996

**DOCUMENT # F94000000996**  
1. Entity Name  
SPECIALTY MEAT GROUP, INC.



FILED

08 MAY 21 PM 12: 29

Principal Place of Business  
603 PILOT HOUSE DRIVE  
4TH FLOOR  
NEWPORT NEWS, VA 23606

Mailing Address  
603 PILOT HOUSE DRIVE  
4TH FLOOR  
NEWPORT NEWS, VA 23606

SECRETARY OF STATE  
ALLIANCE, FLORIDA



04222008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
95-4460342

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent  
C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reappointing)

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2008 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	PCEO
NAME	THEU, BONITA <i>pilot</i>
STREET ADDRESS	803 PILOT HOUSE DRIVE, 4TH FLOOR
CITY-STATE-ZIP	NEWPORT NEWS, VA 23606
TITLE	VSTD
NAME	SHAPLAND, DAVIDS <i>Delete</i>
STREET ADDRESS	1705 KENSINGTON DRIVE
CITY-STATE-ZIP	KNOXVILLE, TN 37922
TITLE	<i>CTO</i>
NAME	STEVEN P WRIGHT
STREET ADDRESS	5511 Willow Creek CT
CITY-STATE-ZIP	WOLFSPRING, VA 23585
TITLE	<i>Asst Secretary</i>
NAME	Mellie HUST
STREET ADDRESS	603 Pilot House Drive
CITY-STATE-ZIP	NEWPORT NEWS, VA 23606
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-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: Steven P. Wright 5/2/08  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #