## ... 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## Apr 23, 2008 8:00 am Secretary of State DOCUMENT # P06000150878 04-23-2008 90043 012 \*\*\*158.75 THE BUTCHER SHOPPE, INC. Principal Place of Business Mailing Address 6970 SNUG WATERS RD. 6970 SNUG WATERS RD. NAVARRE, FL 32566 NAVARRE, FL 32566 Principal Place of Business - No P.O. Bo-3. Mailing Address 8190 W Suite, Apt. #, etc. 02082008 Chg-P CR2E034 (12/06) City & State City & State 4. FEI Number Applied For 20-8054833 Not Applicable Country Zip \$8.75 Additional 5. Certificate of Status Desired Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name GREEN, KEVIN T 6970 SNUG WATERS RD Street Address (P.O. Box Number is Not Acceptable) NAVARRE, FL 32566 Zip Code 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 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. П After May 1, 2008 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE ☐ Addition ☐ Change GREEN, KEVIN T NAME NAME STREET ADDRESS 6970 SNUG WATERS RD. STREET ADDRESS CITY-ST-ZIP NAVARRE, FL 32566 CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition GREEN, KAREN M NAME NAME STREET ADDRESS 6970 SNUG WATERS RD STREET ADDRESS CITY-ST-ZIP NAVARRE, FL 32566 CITY-ST-ZIP TITLE ☐ Delete Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITS F ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete TITLE TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete THILE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 eath; 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 in changed, or on an attachment with an address, with all other like empowered.

ING OFFICER OR DIRECTOR