

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 26, 2004 8:00 am
Secretary of State

01-26-2004 90004 033 ***150.00

DOCUMENT # 193506

1. Entity Name
PENINSULAR MEAT CO., INC.



Principal Place of Business

PO BOX 82252
TAMPA, FL 33682 US

Mailing Address

PO BOX 82252
TAMPA, FL 33682-2252 US

54000519

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01062004

Chg-P

CR2E034 (10/03)

City & State

City & State

4. FEI Number

59-0776873

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GARDBER, ALMOGENE
1002 TARAY DE AVILA
TAMPA, FL 33613

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE STD ☐ Delete
NAME MARKUS, JACQUELYN G
STREET ADDRESS 4312 BEACHWAY DR W
CITY-ST-ZIP TAMPA, FL

TITLE ☒ Change ☐ Addition
NAME Jacquelyn Gardner
STREET ADDRESS 5001 Pilgrims Pathway
CITY-ST-ZIP Tampa, FL 33611

TITLE PD ☐ Delete
NAME GARDNER, ALMOGENE
STREET ADDRESS 1002 TARAY DE AVILA
CITY-ST-ZIP TAMPA, FL

TITLE PG ☒ Change ☐ Addition
NAME GARDNER, ALMOGENE
STREET ADDRESS 1002 TARAY DE AVILA
CITY-ST-ZIP TAMPA, FL 33613

TITLE CD ☒ Delete
NAME GARDNER, BERNELL D
STREET ADDRESS 1002 TARAY DE AVILA
CITY-ST-ZIP TAMPA, FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VD ☐ Delete
NAME DICKENS, JEANETTE G
STREET ADDRESS 49 W DEL RAY AVE
CITY-ST-ZIP ALEXANDRIA, VA

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP 22301

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Almojene B. Gardner
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #