

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 14, 2005 8:00 am
Secretary of State

01-14-2005 90003 013 ***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

50002388



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01052005

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 GARDNER, ALMOGENE
Street Address (P.O. Box Number is Not Acceptable)
1002 TARAY DE AVILA
City Tampa FL Zip Code 33613

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, 2005 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 ☐ Delete
NAME STD
STREET ADDRESS MARKUS, JACQUELYN G
CITY-ST-ZIP 5001 PILGRIMS PATHWAY
TAMPA, FL 33611

TITLE ☒ Change ☐ Addition
NAME Gardner, Jacquelyn G.
STREET ADDRESS
CITY-ST-ZIP

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

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

TITLE ☐ Delete
NAME VD
STREET ADDRESS DICKENS, JEANETTE G
CITY-ST-ZIP 49 W DEL RAY AVE
ALEXANDRIA, VA 22301

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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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 A. Gardner

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #