FILED Feb 01, 2007 8:00 am Secretary of State 02-01-2007 90021 012 ***150.00

Daytime Phone if

2007 FOR PROFIT CORPORATION ANNUAL REPORT

| | | 1/2: 0:/: | | | | 02-01-2007 | 0021 012 13 | 0.00 | |
|--|--|---|-------------------------------------|---|---|---------------------------------------|---|-------------------------------|--|
| 1. Entity Nam | MENT # 193506 LAR MEAT CO., INC. | • | | | | | | | |
| Principal Place | e of Business | Mailing Address | <u>.l</u> | | | | | | |
| PO BOX 822 | | PO BOX 82252 | | | | | | | |
| TAMPA, FL 3 | | TAMPA, FL 33682-2252 | US | | | | | | |
| | | | | | | ires exercion objection | i Bibli Sisi) Glan Sisii Gibli Gi | ONTO IL IBBI | |
| Principal Place of Business - No P.O. Box # 3. Mailing Address | | | | | | | | | |
| 2.611 BAYSHORE BLUD P.O. BOX 10454 | | | | | | ilds that agn sette an | 018 6 6 6 6 1 1 6 6 0 | THEFT IN IERI | |
| Suite, Apt. #, etc. Suite, Apt. #, etc. | | | | | 01192007 | Chg-P | CR2E034 (12/06) | | |
| PH: | · | | | | | | | | |
| TAM D | A FLORIDA | City & State | ORIDA | | 4. FEI Number 59-07768 | 873 | | pplied For ot Applicable | |
| | | | Country | _ \$8.75 Additional | | | | | |
| 2ip 33629 Country 33679-0454 Count | | | | 5. Certificate of Status Desired Fee Required | | | | | |
| 6. Name and Address of Current Registered Agent | | | | | 7. Name and Address of New Registered Agent | | | | |
| CARDNER | ALMOCENE | | Name | AR1 | DNER. | ALMO | GENE | | |
| | R, ALMOGENE | | Street A | Name ARDNER, ALMOGENE Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) | | | | | |
| 1002 TARAY DE AVILA TAMPA, FL 33613 | | | | 2611 BAYSHORE BLVD. PH-2 | | | | | |
| • | | | | | • | | | | |
| | | | City | n a 6 | 20 | | FI Zip Cox | de ₄ O | |
| 8. The above named entity submits this statement for the purpose of changing its registered office or register | | | | | od speed or beit | in the State of Ele | 336 | 24 | |
| | named entity submits this statement for ions of registered agent. | the purpose or changing its re | igistered office d | rregister | ed agent, or both, | III THE STATE OF THE | onda. Tam lamilidi wili | , and accept | |
| | Ť | | | | | | | - | |
| SIGNATURE_ | Signature, typed or printed name of registered agent a | and title if applicable. (NOTE F | Registered Agent signs | lure required | 1 when reinstating) | | DATE | | |
| | | | | | | | | | |
| | E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.0 | 9. Election Campaigr Trust Fund Contrib | | \$5. Add | .00 May Be ed to Fees | | | | |
| 10. | OFFICERS AND | DIRECTORS | 11. | | ADDITIONS/C | HANGES TO OFF | ICERS AND DIRECTOR | R\$ IN 11 | |
| TITLE | STD | ☐ Delete | TITLE | ST | D | -100 | Change | Addition | |
| NAME | GARDNER, JACQUELYN G | | NAME CAREET ADDRESS | Gil | FRONER | J/+CQC | TUBLACE ILLI | UZTAR | |
| STREET ADDRESS CITY-ST-ZIP | 5001 PILGRIMS PATHWAY TAMPA, FL 33611 | | STREET ADDRESS CITY-ST-ZIP | 50 | OI PILGI | 91MS PM | THWAY , U | 4 = 1 // 3 | |
| | PG | | TITLE | 7 1 | 151. 151. | | ₩Z Change | Addition | |
| TITLE NAME | GARDNER, ALMOGENE | □ Detete | NAME | 1 26 | ADUED | ALMOG. | ED Grange | | |
| STREET ADDRESS | 1002 TARAY DE AVILA | | STREET ADDRESS | 0/1 | RONER, | WRE BL | UD. PH-2 | | |
| CITY-ST-ZIP | TAMPA, FL | | CITY-ST-ZIP | T | mpA | ,FL 330 | 629 | | |
| TITLE | VD | ☐ Delete | TITLE | | 7 | 7 | ☐ Change | Addition | |
| NAME | DICKENS, JEANETTE G | | NAME | | | | | | |
| STREET ADDRESS | ' ' ' ' - ' - ' - ' - ' - ' - ' | | STREET ADDRESS | | | | | | |
| CITY ST-ZIP | ALEXANDRIA, VA 22301 | | CITY-ST-ZIP | | | | | F7 | |
| TITLE | | ☐ Delete | TITLE | | | | ☐ Change | Addition | |
| NAME STREET ADDRESS | | | NAME STREET ADDRESS | | | | | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | | | | | |
| | | Delete | TITLE | | | | ☐ Change | ☐ Addition | |
| TITLE NAME | | in neiele | NAME | | | | 0.0190 | | |
| STREET ADDRESS | | | STREET ADDRESS | | | | | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | <u> </u> | | | | | |
| TITLE | | ☐ Delete | TITLE | | | | Change | ☐ Addition | |
| NAME | | | NAME | <u>[.</u> | | | | | |
| STREET ADDRESS | | | STREET ADDRESS | | | | | | |
| CITY-SI-ZIP | | | CHY-ST-ZIP | | | | | interporting | |
| 12. Thereby | certify that the information supplied with | this filing does not qualify for true and accurate and that me | the exemptions y signature shall | contained have the | d in Chapter 119, same legal effect | Florida Statutes. as if made under | I further certify that the oath; that I am an office | intermation er or director | |
| of the co | cernly that the information supplied with from this report or supplemental report is rporation or the receiver or trustee emp f, or on an attachment with an address, | owered to execute this report a with all other like empowered | s required by Ct | apter 60 | 7, Florida Statules | , and that my nan | ne appears in Block 10 | or Block 11 if | |
| January | | - A | | | | 1/2-/ | • | | |
| | FUDE Plane | P 4 | la. 4 . | | | 1 / / - | | | |