

**FILED**  
**Feb 01, 2007 8:00 am**  
**Secretary of State**

02-01-2007 90021 012 \*\*\*150.00

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

<b>DOCUMENT # 193506</b> 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	
2. Principal Place of Business - No P.O. Box # <b>2611 BAYSHORE BLVD</b>		3. Mailing Address <b>P.O. Box 10454</b>	
Suite, Apt. #, etc. <b>PH-2</b>		Suite, Apt. #, etc.	
City & State <b>TAMPA, FLORIDA</b>		City & State <b>TAMPA, FLORIDA</b>	
Zip <b>33629</b>		Zip <b>33629-0454</b>	
Country		Country	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		01192007 Chg-P CR2E034 (12/06)	
<b>6. Name and Address of Current Registered Agent</b>  GARDNER, ALMOGENE 1002 TARAY DE AVILA TAMPA, FL 33613		<b>7. Name and Address of New Registered Agent</b> Name <b>GARDNER, ALMOGENE</b> Street Address (P.O. Box Number is Not Acceptable) <b>2611 BAYSHORE BLVD. PH-2</b> City <b>TAMPA</b> FL Zip Code <b>33629</b>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD GARDNER, JACQUELYN G 5001 PILGRIMS PATHWAY TAMPA, FL 33611	TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD GARDNER, JACQUELYN 5001 PILGRIMS PATHWAY UNIT A8 TAMPA, FL 33611
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PG GARDNER, ALMOGENE 1002 TARAY DE AVILA TAMPA, FL	TITLE NAME STREET ADDRESS CITY - ST - ZIP	PG GARDNER, ALMOGENE 2611 BAYSHORE BLVD. PH-2 TAMPA, FL 33629
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD DICKENS, JEANETTE G 49 W DEL RAY AVE ALEXANDRIA, VA 22301	TITLE NAME STREET ADDRESS CITY - ST - ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Delete <input type="checkbox"/>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Delete <input type="checkbox"/>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Delete <input type="checkbox"/>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>
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: <u>Almogene Gardner</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <u>1/25/07</u> Daytime Phone # _____	