2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2008 08:00 A
Secretary of State

DOCUMENT # 193506

1. Entity Name
PENINSULAR MEAT CO., INC.

Principal Place of Business
2611 BAYSHORE BLVD
PH-2
TAMPA, FL 33629 US

Mailing Address
PO BOX 10454
TAMPA, FL 33679-0454 US

04102008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-0776873
Applied For
Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

GARDNER, ALMOGENE
2611 BAYSHORE BLVD PH-2
TAMPA, FL 33629

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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, 2008 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	STD
NAME	GARDNER, JACQUELYN G
STREET ADDRESS	5001 PILGRIMS PATHWAY, UNIT A 8
CITY-ST-ZIP	TAMPA, FL 33611
TITLE	PG
NAME	GARDNER, ALMOGENE
STREET ADDRESS	2611 BAYSHORE BLVD PH-2
CITY-ST-ZIP	TAMPA, FL 33629
TITLE	VD
NAME	DICKENS, JEANETTE G
STREET ADDRESS	49 W DEL RAY AVE
CITY-ST-ZIP	ALEXANDRIA, VA 22301
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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05/07/08-80067-025 150.00

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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: almogene L. Gardner Pres. 4/17/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #