


**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
---	--

DO NOT WRITE IN THIS SPACE



04102008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-0776873	Applied For Not Applicable
-----------------------------	-------------------------------

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
---	-----------------------------------

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE
IN THIS SPACE**

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 NAME STREET ADDRESS CITY - ST - ZIP	STD GARDNER, JACQUELYN G 5001 PILGRIMS PATHWAY, UNIT A 8 TAMPA, FL 33611
--	---

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	
--	--

TITLE NAME STREET ADDRESS CITY - ST - ZIP	
--	--

TITLE NAME STREET ADDRESS CITY - ST - ZIP	
--	--

U000000912371
05/07/08-80067-025 150.00

**DO NOT WRITE
IN THIS SPACE**

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 S. Gardner*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

Pro.

4/17/08