

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Apr. 17, 2006 08:00 AM
Secretary of State**

DOCUMENT # 346378

1. Entity Name
GREAT WESTERN MEATS, INC.



Principal Place of Business
**438 WEST KALEY STREET
P.O. BOX 56-8366
ORLANDO, FL 32856**

Mailing Address
**438 WEST KALEY STREET
P.O. BOX 56-8366
ORLANDO, FL 32856**



01122006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1284502

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**VOORHEES, DONALD D.
636 E. CLUB CIRCLE
LONGWOOD, FL 32779**

**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, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	CD
NAME	VOORHEES, DONALD D.
STREET ADDRESS	636 E. CLUB CIRCLE
CITY-ST-ZIP	LONGWOOD, FL
TITLE	P
NAME	VOORHEES, GREGORY D.
STREET ADDRESS	746 RIVERBEND BLVD
CITY-ST-ZIP	LONGWOOD, FL
TITLE	STD
NAME	VOORHEES, BERTA J.
STREET ADDRESS	636 E. CLUB CIRCLE
CITY-ST-ZIP	LONGWOOD, FL
TITLE	V
NAME	HARRIS, RICHARD J.
STREET ADDRESS	190 CANTERCLUB TRAIL
CITY-ST-ZIP	LONGWOOD, FL
TITLE	STD
NAME	HARRIS, CYNTHIA J.
STREET ADDRESS	190 CANTERCLUB TRAIL
CITY-ST-ZIP	LONGWOOD, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

1100000514182
04/29/06-80163-002 158.75

**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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #