

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 22, 2007 8:00 am
Secretary of State

02-22-2007 90021 039 ***150.00

DOCUMENT # 649408 1. Entity Name HOUSTON'S H & W MEATS, INC.			
Principal Place of Business 12545 N. MAIN ST. JACKSONVILLE, FL 32218		Mailing Address 12545 N. MAIN ST. JACKSONVILLE, FL 32218	
2. Principal Place of Business - No P.O. Box # 12545 N. Main St.		3. Mailing Address 12545 N. Main St.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Jacksonville, FL		City & State Jacksonville, FL	
Zip 32218-2610		Zip 32218-2610	
Country		Country	
4. FEI Number 59-1962169		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 STEPHENS, HOUSTON W. 12561 MAIN STREET JACKSONVILLE, FL 32218		7. Name and Address of New Registered Agent Name: Stephens, William H. Street Address (P.O. Box Number is Not Acceptable): 12545 North Main St. City: Jacksonville FL Zip Code: 32218-2610	
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)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE PD NAME STEPHENS, HOUSTON W. STREET ADDRESS 12545 NORTH MAIN STREET CITY - ST - ZIP JACKSONVILLE, FL	<input type="checkbox"/> Delete	TITLE PD NAME Stephens, William H. STREET ADDRESS 12545 North main Street CITY - ST - ZIP Jacksonville, FL 32218-2610	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: William H. Stephens <i>William H. Stephens</i>		Date: 2.14.07 Daytime Phone #: 1-904-757-1888	