2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Mar 31, 2008 08:00 Al Secretary of State DOCUMENT # F49067 1. Entity Name GEIER'S CHOICE MEATS, INC. Principal Place of Business Maiting Address 7447 TAMIAMI TR 7447 TAMIAMI TR SARASOTA FL 34231 SARASOTA FL 34231 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (10/07) 1st MOORE Applied For City & State City & State 4. FEI Number 59-2130086 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name GEIER, KARL Street Address (P.O. Box Number is Not Acceptable) 7447 TAMIAMI TR SARASOTA FL 34231 City Zip Code 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, typed or minded name of registered agent and tills if applicable. (NOTE Registered Appn) signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2008 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 U00000875214 □ Change □ D4/11/08-80023-019 150.00 TITLE DS Delete TITLE Addition NAME GEIER, GISA NAME STREET ADDRESS 7447 S TAMIAMI TRAIL STREET ADDRESS CITY-ST-ZIP SARASOTA, FL 34231 CITY - ST - ZIP DΡ TITLE ☐ Deiete TITLE ☐ Change Addition GEIER, KARL NAME 7447 S TAMIAMI TRAIL STREET ADDRESS STREET ADDRESS CITY-ST-ZIP SARASOTA, FL 34231 CITY-ST-ZIP ☐ Delete Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-Z#P Change ☐ Addition TITLE ☐ Delete STREET ADDRESS STREET ADDRESS CITY-ST-ZIP City-St-ZIP TETLE TITLE Deiete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information

of the explaints of the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver or frustee 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.

ME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

3-27-08 9919233004

FILED