
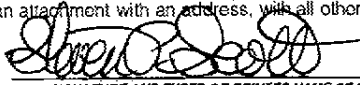


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**

**Jan 25, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # F56505</b> 1. Entity Name <b>GAFF'S QUALITY MEAT, INC.</b>					
Principal Place of Business <b>4036A NOVA ROAD PORT ORANGE FL 32127</b>			Mailing Address <b>4036A NOVA ROAD PORT ORANGE FL 32127</b>		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number <b>59-2190325</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>SCOTT, STEVEN P 2650 SUNSET DR. NEW SMYRNA BEACH FL 32168</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when re-issuing)					
<div style="display: flex; justify-content: space-between;"> <div> <b>FILE NOW!!! FEE IS \$150.00</b>  <b>After May 1, 2007 Fee Will Be \$550.00</b>  <b>Make Check Payable to Florida Department of State</b> </div> <div>           9. Election Campaign Financing            Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees         </div> </div>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY ST ZIP	D <b>GAFFKA, ANN</b> <b>5763 STEWART AVE</b> <b>PT. ORANGE FL</b>		TITLE NAME STREET ADDRESS CITY ST ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/> <b>UN00000603854</b> <b>01/29/07-80028-025 150.00</b>	
TITLE NAME STREET ADDRESS CITY ST ZIP	DVP <b>GAFFKA, BRUCE</b> <b>5763 STEWART AVE</b> <b>PT. ORANGE FL</b>		TITLE NAME STREET ADDRESS CITY ST ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>	
TITLE NAME STREET ADDRESS CITY ST ZIP	DP <b>SCOTT, STEVEN</b> <b>2650 SUNSET DR.</b> <b>NEW SMYRNA BEACH FL 32168</b>		TITLE NAME STREET ADDRESS CITY ST ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>	
TITLE NAME STREET ADDRESS CITY ST ZIP	Delete <input type="checkbox"/>		TITLE NAME STREET ADDRESS CITY ST ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>	
TITLE NAME STREET ADDRESS CITY ST ZIP	Delete <input type="checkbox"/>		TITLE NAME STREET ADDRESS CITY ST ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>	
TITLE NAME STREET ADDRESS CITY ST ZIP	Delete <input type="checkbox"/>		TITLE NAME STREET ADDRESS CITY ST ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>	
12. I hereby 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 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.					
<b>SIGNATURE:</b> 			<b>01-24-07</b> <b>386-761-2520</b>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		