


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 25, 2008 08:00 AM
Secretary of State

DOCUMENT # H38894 1. Entity Name MAC'S MEAT MARKET, INC.	
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Principal Place of Business BOX 899 WINTER HAVEN, FL 33882	Mailing Address 1277 1ST ST. S WINTER HAVEN, FL 33880 US
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DO NOT WRITE IN THIS SPACE



01112008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2502148	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent CHILTON, CHARLES R 99 SIXTH STREET, S.W. WINTER HAVEN, FL 33883	DO NOT WRITE IN THIS SPACE
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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 reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DAS CHILTON, CHARLES R 99 SIXTH STREET, S.W. WINTER HAVEN, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SATERBO, STEPHEN 302 PROGRESS RD AUBURNDAL, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SATERBO, BRYAN N 302 PROGRESS RD AUBURNDAL, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MCCLELLAND, GREGORY 1309 HIDDEN CREK COURT WINTER HAVEN, FL 33880
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ELKINS, BEVERLY R 4300 LAKE HANCOCK RD LAKELAND, FL 33813
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MCCLELLAND, AUDREY M 4925 ELAM RD LAKELAND, FL 33813

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01/29/08-80039-013 150.00

**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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date _____ Daytime Phone # _____