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Jan 23, 2006 8:00 am
Secretary of State

01-23-2006 90044 009 ***150.00

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # H90297

1. Entity Name
VILLAGE BUTCHER SHOP, INC.

Principal Place of Business
5139 GALL BLVD.
ZEPHYRHILLS, FL 33542

Mailing Address
5139 GALL BLVD.
ZEPHYRHILLS, FL 33542

01172006 Chg-P CR2E034 (11/05)

2. Principal Place of Business		3. Mailing Address	
Suite, Apt #, etc		Suite, Apt #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number
59-2945438
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

FITOS, JEFFREY J.
ONE E. SILVER SPRINGS BLVD.
OCALA, FL 32670

7. Name and Address of New Registered Agent

Name Lisa Valentine
Street Address (P.O. Box Number is Not Acceptable) 38529 5th avenue
City Zephyrhills FL Zip Code 33542

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 Lisa Valentine Lisa Valentine 1/18/06
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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	P	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	VENTURA, DANIELLE L		NAME		
STREET ADDRESS	5735 DOGWOOD ST		STREET ADDRESS		
CITY ST ZIP	ZEPHYRHILLS, FL 33540		CITY ST ZIP		
TITLE	ST	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	VENTURA, DONALD K		NAME		
STREET ADDRESS	5735 DOGWOOD ST		STREET ADDRESS		
CITY ST ZIP	ZEPHYRHILLS, FL 33540		CITY ST ZIP		
TITLE		☐ Delete	TITLE		☐ 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		
TITLE		☐ Delete	TITLE		☐ 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. 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: Donald K Ventura 1/18/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #