


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 12, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # K10515</b>	
1. Entity Name MID-WESTERN MEATS OF VENICE, INC.	

Principal Place of Business C/O BRAD R. MORELLO 324 SOUTH TAMiami TRAIL VENICE, FL 34285	Mailing Address C/O BRAD R. MORELLO 324 SOUTH TAMiami TRAIL VENICE, FL 34285
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**DO NOT WRITE IN THIS SPACE**



01052005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0026367	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	
MORELLO, BRAD R. 324 SOUTH TAMiami TRAIL VENICE, FL 34285	

**DO NOT WRITE IN THIS SPACE**

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	Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)	DATE
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<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	U000000178695 01/12/05-80037-012 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST MORELLO, BRAD R. 3936 COLEMAN RD. VENICE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MORELLO, VINCENT R. 1932 GREENLAWN DR. ENGLEWOOD, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MORELLO, SUSAN K. 3936 COLEMAN ROAD VENICE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: <i>Brad R Morello</i>	Signature and Typed or Printed Name of Signing Officer or Director	Date: 1/8/05	Daytime Phone #: 941-488-0600
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