FILED Apr 28, 2008 8:00 am Secretary of State

04-28-2008 90337 026 ***150.00

2008 FOR PROFIT CORPORATION ANNUAL REPORT

| DOCUMENT # K20009 1. Entity Name PALMETTO MEAT SHOP, INC. | | | | | - | | |
|---|--|---|--------------------------|--------------------------------------|----------------|-----------|---------------------------|
| Principal Place of Business We ROGER R. TALBOT 1810 10TH ST W PALMETTO, FL 34221 Mailing Address ROGER R. TALBOT 1810 10TH ST W PALMETTO, FL 34221 | | | | | | | |
| DO NOT WRITE IN THIS SPA | | | ζŒ | 04212008 4. FEI Number 65-0043 | No Chg-P | CR2E034 (| |
| Sexivita desi | THE STATE OF THE S | | | 5. Certificate of | Status Desired | | 75 Additional Required |
| 1810 10TH | 6. Name and Address of Current Rec ROGER R. I ST W O, FL 34221 | | then a second second | NOT W | RITE | Required | |
| 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 Signalure, typed or printed name of registered agent and fills if applicable. (NOTE: Registered Agent eignature required when reinstating) OATE | | | | | | | |
| FIL After M | E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.00 | | .00 May Be ed to Fees | | | | |
| 10, OFFICERS AND DIRECTORS | | | | TENTER TO E | NEW TARREST | | 568862753687 |
| TITLE NAME STREET ADDRESS CITY-SI-ZIP | DP TALBOT, ROGER R. 1810 10TH ST W PALMETTO, FL | | T Washington | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | AVP HILL, NICOLE 2421 51ST STREET CT, E. PALMETTO, FL | | | | | | |
| NAME STREET ADDRESS CITY-ST-ZIP | AS CORIGLIANO, AUDREY 3000 GULF DR., APT 4 HOLMES BEACH, FL | | | DO. | isti NOIT W | RITE | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP TALBOT, CLAUDETTE C. 7619-2ND AVENUE, WEST BRADENTON, FL | | | IN T | HIS SP | ACE | |
| THTLE NAME STREET ADDRESS CITY-ST-ZIP | | | | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | • | | | | | |
| 12. I hereby certify that the information supplied with this filling 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 eath; that I am an officer or director of the corporation or the receiver of trustee emonyered to execute this report as reputing by Chapter FMZ Florida Statutes. | | | | | | | |