## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Apr 15, 2005 08:00 AM Secretary of State

5617989876

Daytime Phone #

ANNUAL REPURI				•	Secretary of State			
DOCUMENT # P00000026807  1. Entity Name BIG ED'S BUTCHER SHOP, INC.					50	cretary	oi State	
	e of Business DERE RD, STE 2 BEACH, FL 33411	Mailing Address 8140 BELVEDERE RD. STE 2 WEST PALM BEACH, FL 33411					12111   <b>1212  </b> 1212   1212	
ם	O NOT WRITE	IN THIS SPA	CE	04122005  4. FEI Number 65-0985	No Chg-P	CR2E034 (10		
	6. Name and Address of Current R	egistered Agent		· ,	a ar Tug <del>ar T</del>		··	
	, MAX J NESS PKWY ALM BEACH, FL 33411	DO NOT WRITE IN THIS SPACE						
8. The above	named entity submits this statement for	the purpose of changing its register	l ed office or realster	red agent, or both	. in the State of Flo	rida. I am familia	r with, and accept	
the obligat	ions of registered agent.	, . , . ,			,		•	
SIGNATURE	·							
	Signature, typed or printed name of registered agent at	d title if epolicable (NOTE Registere	d Agent signature required	d when reinstating)		DATE		
	E NOW!!! FEE IS \$150.00 ay 1, 2005 Fee will be \$550.0	Selection Campaign Final     Trust Fund Contribution.		.00 May Be led to Fees				
10.	OFFICERS AND I	TRECTORS			<del> </del>		, ••••	
NAME STREET ADDRESS   CITY-ST-ZIP	PD WOJTUSIK, ED 8140 BELVEDERE RD. STE 2 WEST PALM BEACH, FL 33411				Hooon	666 <b>7</b> 866		
TITLE NAME STREET ADDRESS CITY-ST-ZIP					04/15/05	0307068 -80039-02	3 150.00	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	_			<u>.</u>	·			

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 cath; 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 AND TYPED OR FRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: