

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000042681

FILED  
Jan 21, 2009  
Secretary of State

Entity Name: LUTZ BEEFS, INC.

## Current Principal Place of Business:

18421 US HWY 41  
LUTZ, FL 33549

## New Principal Place of Business:

## Current Mailing Address:

1007 BALLINGER RD.  
LUTZ, FL 33548

## New Mailing Address:

FEI Number: 31-1819785

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

HALL, W. CRAIG  
4830 WEST KENNEDY BLVD., SUITE 750  
TAMPA, FL 33609 US

## Name and Address of New Registered Agent:

OVERBECK, TERESA M  
1007 BALLINGER ROAD  
LUTZ, FL 33548 US

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.

SIGNATURE: TERESA M. OVERBECK

01/21/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: OVERBECK, CHRIS  
Address: 1007 BALLINGER RD.  
City-St-Zip: LUTZ, FL 33548

Title: D ( ) Delete  
Name: HESSION, BRIAN J  
Address: 17709 SIMMS ROAD  
City-St-Zip: ODESSA, FL 33556

Title: D (X) Delete  
Name: SLOWEY, STEVEN W  
Address: 1115 NORTH VALRICO ROAD  
City-St-Zip: VALRICO, FL 33594

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D (X) Change ( ) Addition  
Name: OVERBECK, TERESA M  
Address: 1007 BALLINGER ROAD  
City-St-Zip: LUTZ, FL 33548

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TERESA M. OVERBECK

D

01/21/2009

Electronic Signature of Signing Officer or Director

Date