

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 29, 2004 8:00 am
Secretary of State

04-16-2004 90090 023 ***150.00

DOCUMENT # P03000060371 1. Entity Name THE BUTCHER SHOPPE OF PORT RICHEY INC.			
Principal Place of Business 6612 RIDGE ROAD PORT RICHEY FL 34668		Mailing Address 6612 RIDGE ROAD PORT RICHEY FL 34668	
2. Principal Place of Business THE BUTCHER SHOPPE Suite, Apt. #, etc.		3. Mailing Address 6612 RIDGE RD Suite, Apt. #, etc.	
City & State NEW PORT RICHEY, FL		City & State NEW PORT RICHEY, FL	
Zip 34668	Country U.S.A.	Zip 34668	Country U.S.A.
4. FEI Number 5110468112 (2847725)		Applied For <input checked="" type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent NOETZEL, PAUL O 14974 EDGEWATER CIRCLE HUDSON FL 34667		7. Name and Address of New Registered Agent Name PAUL O. NOETZEL Street Address (P.O. Box Number is Not Acceptable) 6814 VENTURA DRIVE City NEW PORT RICHEY FL Zip Code 34653	
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 Paul Noetz PAUL OTTO NOETZEL 4-8-04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V NOETZEL, PAUL O 14974 EDGEWATER CIRCLE HUDSON FL 34667	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 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: Paul Noetz <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		4-8-04 (727) 842-4555 <small>Date Daytime Phone #</small>	

00410370



MOORE CR2E034 (11/03)