

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Apr 22, 2005 08:00 AM
Secretary of State

DOCUMENT # P03000060956

1. Entity Name
JOHN'S BUTCHER SHOP, INC.



Principal Place of Business
**4710 LAND O' LAKES BLVD STE 14
LAND O' LAKES, FL 34639**

Mailing Address
**4710 LAND O' LAKES BLVD STE 14
LAND O' LAKES, FL 34639**



01072005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
02-0697624

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**SMITH, JAMES E
4710 LAND O' LAKES BLVD STE 14
LAND O' LAKES, FL 34639**

**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 fee if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	SMITH, JOHN M
STREET ADDRESS	2663 S BASCOMBE AVE
CITY-ST-ZIP	HOMOSASSA, FL 34448
TITLE	D
NAME	DUNCAN, DONNY W
STREET ADDRESS	4710 LAND O' LAKES BLVD STE 14
CITY-ST-ZIP	LAND O' LAKES, FL 34639
TITLE	D
NAME	SMITH, JAMES E
STREET ADDRESS	12305 WORCHICSTER AVE
CITY-ST-ZIP	TAMPA, FL 33624
TITLE	D
NAME	LACY, MICHAEL E
STREET ADDRESS	931 LAKEWOOD AVE
CITY-ST-ZIP	TAMPA, FL 33613
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000000324018

04/22/05-80075-015 150.00

**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:

Smith, John M

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/9/05
813 945-9100