


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2007 8:00 am
Secretary of State

04-27-2007 90179 029 ***150.00

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	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

400000



04242007 Chg-P CR2E034 (12/06)

4. FEI Number 02-0697624	Applied For <input 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 SMITH, JAMES E 4710 LAND O' LAKES BLVD STE 14 LAND O' LAKES, FL 34639	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SMITH, JOHN M 2663 S BASCOMBE AVE HOMOSASSA, FL 34448 <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	D DUNCAN, DONNY W 4710 LAND O' LAKES BLVD STE 14 LAND O' LAKES, FL 34639 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Duncan, Donny W. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 19535 Margie Ave Spring Hill, FL 34610
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SMITH, JAMES E 12305 WORCHESTER AVE TAMPA, FL 33624 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Smith, James E <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 5515 Tower Rd. Land O Lakes, FL 34638
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LACY, MICHAEL E 931 LAKEWOOD AVE TAMPA, FL 33613 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Lacy, Michael E <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 102 1st Ave. S.W. Lutz, FL 33548
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

12. I hereby certify that the information supplied with this filing 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 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: *DONNY W DUNCAN* *Donny W Duncan* 4-24-07