

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2008 8:00 am
Secretary of State

05-02-2008 90163 037 ***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**

40034000



2. Principal Place of Business - No P.O. Box #
102 1st Ave S.W.
Suite, Apt. #, etc.

3. Mailing Address
102 1st Ave S.W.
Suite, Apt. #, etc.

03222008 Chg-P CR2E034 (12/06)

City & State
Lutz, FL
Zip
33548 Country

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Lutz, FL
Zip
33548 Country

4. FEI Number
02-0697624 Applied For
Not Applicable

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**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
102 1st Ave S.W.
City **Lutz, FL** Zip Code **33548**

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, 2008 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	<input type="checkbox"/> Delete
NAME	SMITH, JOHN M	
STREET ADDRESS	2663 S BASCOMBE AVE	
CITY-ST-ZIP	HOMOSASSA, FL 34448	
TITLE	D	<input type="checkbox"/> Delete
NAME	DUNCAN, DONNY W	
STREET ADDRESS	19535 MARGIE AVE	
CITY-ST-ZIP	SPRING HILL, FL 34610	
TITLE	D	<input type="checkbox"/> Delete
NAME	SMITH, JAMES E	
STREET ADDRESS	5515 TOWER RD	
CITY-ST-ZIP	LAND O' LAKES, FL 34638	
TITLE	D	<input type="checkbox"/> Delete
NAME	LACY, MICHAEL E	
STREET ADDRESS	102 1ST AVE SW	
CITY-ST-ZIP	LUTZ, FL 33548	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

4-30-08
Date

813-909-9746
Daytime Phone