## 2006 FOR PROFIT CORPORATION

## May 05, 2006 8:00 am Secretary of State **ANNUAL REPORT** 05-05-2006 90180 020 \*\*\*150.00 DOCUMENT # P03000064399 1. Entity Name LARDER PRIME MEATS, INC. Principal Place of Business Mailing Address 4281 E COUNTY HWY 30-A. SUITE 104 4281 E COUNTY HWY 30-A, SUITE 104 SEAGROVE BEACH, FL 32459 SEAGROVE BEACH, FL 32459 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04192006 Chg-P CR2E034 (11/05) City & State City & State 4. FEI Number Applied For 03-0521648 Not Applicable Zip Country Country Zip \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent FRANKLIN H WATSON PA 5365 E COUNTY HIGHWAY SUITE 105 Street Address (P.O. Box Number is Not Acceptable) SEAGROVE BEACH, FL 32459 Zip Code 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2006 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE Delete TITLE ☐ Change ☐ Addition CAPERTON, ADAM A NAME NAME STREET ADDRESS **87 MAY DRIVE** STREET ADDRESS SANTA ROSA BEACH, FL 32459 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition HAMMOND-CAPERTON, STEPHANIE NAME NAME STREET ADDRESS **87 MAY DRIVE** STREET ADDRESS CITY-ST-71P SANTA ROSA BEACH, FL 32459 CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY~ST-ZIP CITY-ST-ZIP IIILE Defete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-71P ☐ Delete ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME

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 original relike empowered.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

04.25.06

Daytime Phone #

FILED