2007 FOR PROFIT CORPORATION ANNUAL REPORT

ANNOAL REPORT								•	
DOCUMENT # P03000115713]	FILI	£D	
1. Entity Name					A CONTRACTOR	Ma	r 12 200	7 08:00 A	м
FRIENDLY MEAT AND GROCERY INC						IVIA.	1 12, 200	/ UO:UU A	TAT
1						9 }	Secretary	of State	
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Principal Place of Business Mailing Address				·					
1703 N 17 ST 170			1703 N 17 ST						
FT PIERCE, FL 34950 FT PIERCE, FL 34950				350					
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		<u> </u>				<u></u>) 1700/1701	Y) 20023		
2. Principal Place of Business - No P.O. Box # 3. Mailing Address						{	 		
Suita And # ota				<u> </u>		_	_		
Suite, Apt #, etc Suite, Apt #, etc					02222007	Chg-P	CR2E034 (12/0	06)	
City & State City &			City & State			4. FE! Numb			Applied For
City a State			Oily & State			20-036		<u></u> -~-	Not Applicable
Zip		Country	Zip	Cour	ntor.	20-000	70-10	#9.75	
		Country	2.7	Į.	,	5. Certificate	e of Status Desired	Fee Req	Additional uired
} 	6. Name	and Address of Current	Registered Agent		T	7. Name and	d Address of New		
					Name				
SHREITEH, NAEL M-N					<u> </u>			1.0	- · ·
1703 N 17	ST				Street Address	s (P.O. Box Numb	per is Not Acceptab	le)	
FT PIERCE, FL 34950							` · · ·		
					ļ			4	· + #121
					City			FL Zip C	Code
				<u> </u>	1				=
		y submits this statement for	or the purpose of changing	g its register	ed office or regist	ered agent, or bo	oth, in the State of F	iorida. Tam familiar w	ith, and accept
the obligations of registered agent									
SIGNATURE Signature, typed or printed name of registered agent and title if applicable MOTE. Registered Agent signature required									
<u> </u>	Signature, typed	or printed name of registered agent	and little if applicable	NOTE. Registere	d Agent signature requir	'ed when reinstating)		DATE {	·
		FEE IS \$150.00	9. Election Can Trust Fund C			5.00 May Be ided to Fees	1		
After M	ay 1, 2007	7 Fee will be \$550.				rded to rees	Į.		. <u>.</u> .
10.		OFFICERS AND	DIRECTORS	11.		ADDITIONS	CHANGES TO OF	FICERS AND DIRECT	ORS IN 11
TITLE	D		Delete	TITL	ŧ }			☐ Chan	ge 🔲 Addition
NAME	SHREITEH, NAEL M-N				E				
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NAME	j			NAM	Æ				
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NAME				NAM	E				
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TITLE			☐ Delete	THE	:			☐ Chan	je 🔲 Addition
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TITLE			☐ Delete	7171.1				☐ Chari	e 🔲 Addition
NAME				NAM	<u> </u>				
STREET ADDRESS				STRE	ET ADDRESS				
CITY-ST-ZIP				CITY	ST IP			L	
12. Thereby o	erlify that the	information supplied with	this filling does not qualif	y for the exe	emplions containe	ed in Chapter 11	Florida Statutes.	further certify that th	e 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: NAU SJ. 03.08.07									
SIGNAT	URE: 🎿	SIGNATURE AND TURES TO S	DINTED NAME OF PIONING STORY		900			28.04	 .
BIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Tools Daywood Phone F									