


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2005 8:00 am
Secretary of State

04-20-2005 90314 031 ***150.00

DOCUMENT # P04000013826 1. Entity Name CIRCLE W QUALITY MEATS, INC.																													
Principal Place of Business 6561 SW SREWART MILTON, FL 32570			Mailing Address 6561 SW SREWART MILTON, FL 32570																										
2. Principal Place of Business Suite, Apt. #, etc. 6561 - CAROLINE ST.		3. Mailing Address Suite, Apt. #, etc. 6561 CAROLINE ST.																											
City & State MILTON FL.		City & State MILTON FL		4. FEI Number 20-0615571																									
Zip 32570		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required																									
6. Name and Address of Current Registered Agent PECK, WILLIAM 6561 SW SREWART MILTON, FL 32570			7. Name and Address of New Registered Agent Name <u>William Peck</u> Street Address (P.O. Box Number is Not Acceptable) <u>6561 - CAROLINE ST.</u> City <u>MILTON</u> FL Zip Code <u>32570</u>																										
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: <u>[Signature]</u> (NOTE: Registered Agent signature required when reappointing) DATE: <u>Apr 19 2005</u>																													
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 line officers and directors.																													
SIGNATURE: <u>[Signature]</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE: <u>Apr 19 2005</u> Daytime Phone #																													

20039270



04182005 Chg-P CR2E034 (10/03)

4. FEI Number 20-0615571 Applied For Not Applicable

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