
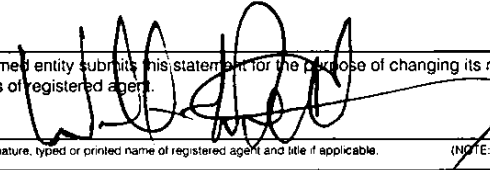
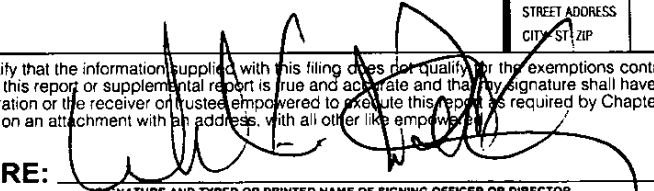


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jun 02, 2006 8:00 am**  
**Secretary of State**

06-02-2006 90001 008 \*\*\*150.00

<b>DOCUMENT # P04000013826</b>					
1. Entity Name <b>CIRCLE W QUALITY MEATS, INC.</b>					
Principal Place of Business <b>6561 CAROLINE STREET MILTON, FL 32570</b>			Mailing Address <b>6561 CAROLINE STREET MILTON, FL 32570</b>		
2. Principal Place of Business <b>6541 CAROLINE STREET</b>		3. Mailing Address <b>6541 CAROLINE ST.</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State <b>MILTON FL</b>		City & State <b>MILTON FL</b>		4. FEI Number <b>20-0615571</b>	
Zip <b>32570</b>	Country <b>Santa Rosa</b>	Zip <b>32570</b>	Country <b>Santa Rosa</b>	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>PECK, WILLIAM 6561 CAROLINE STREET MILTON, FL 32570</b>			7. Name and Address of New Registered Agent Name <b>William L. Peck</b> Street Address (P.O. Box Number is Not Acceptable) <b>6541 CAROLINE ST.</b> City <b>MILTON</b> FL Zip Code <b>32570</b>		
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  DATE <b>MAY 27-06</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$550.00 Due by September 6, 2006</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PECK, WILLIAM 6561 <del>SANBREWART</del> CAROLINE STREET MILTON, FL 32570 <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	
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	
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 empowerments.					
SIGNATURE: 			Date <b>MAY 27-06</b> Daytime Phone #		

**50020313**



05242006 Chg-P CR2E034 (11/05)



ATTACHMENT  
50020313  
Division of Corporations

## 2006 Annual Report

Listed below is the most recent information reported for the entity.  
Please review and click the appropriate button at the bottom to generate the annual report form.

This information cannot be changed on the report.	
Document Number	P04000013826
Business Entity Name	CIRCLE W QUALITY MEATS, INC.
Original File Date	01/16/2004

FEI Number 20-0615571

Principal Address 6561 CAROLINE STREET  
MILTON, FL 32570

Mailing Address 6561 CAROLINE STREET  
MILTON, FL 32570

Registered Agent WILLIAM PECK  
6561 CAROLINE STREET  
MILTON, FL 32570 US

## Officer/Director Name And Address

D  
WILLIAM PECK  
6561 SW SREWART  
MILTON, FL 32570

If all of the above  
information is correct  
and you do not wish to  
make any changes,  
please select:

No Changes

If you need to make  
changes to the above  
information, please  
select:

Make Changes