


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 17, 2007 8:00 am**  
**Secretary of State**

05-17-2007 90032 041 \*\*\*150.00

<b>DOCUMENT # P04000013826</b>	
1. Entity Name CIRCLE W QUALITY MEATS, INC.	

Principal Place of Business 6561 CAROLINE STREET MILTON, FL 32570	Mailing Address 6561 CAROLINE STREET MILTON, FL 32570
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

40113311

05042007 Chg-P CR2E034 (12/06)

4. FEI Number 20-0615571	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

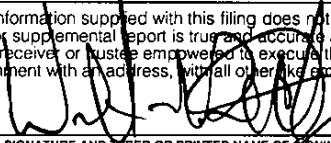
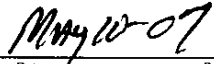
6. Name and Address of Current Registered Agent	
PECK, WILLIAM 6561 CAROLINE STREET MILTON, FL 32570	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL	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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	
DATE _____	

<b>FILE NOW!!! FEE IS \$550.00 Due by September 14, 2007</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PECK, WILLIAM	NAME	
STREET ADDRESS	6561 CAROLINE STREET	STREET ADDRESS	
CITY-ST-ZIP	MILTON, FL 32570	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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 full other like empowerment.	
SIGNATURE: 	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date Daytime Phone #



ATTACHMENT 40115310  
Division of Corporations

## Annual Report

Annual Report Help

Document Number

P04000013826

Business Entity Name

CIRCLE W QUALITY MEATS, INC.

FEI Number

200615571

FEI Number Status

☒ Listed Above ☐ Applied For☐ Not Applicable

Certificate of Status Desired

☐ Yes ☒ No \$8.75 eachElection Campaign Financing Trust Fund  
Contribution☐ Yes ☒ No

## Principal Place of Business

Address

6561 CAROLINE STREET

Suite, Apt. #, etc.

City, State

MILTON

, FL

Zip Code &amp; Country

32570

## Mailing Address

Address

6561 CAROLINE STREET

Suite, Apt. #, etc.

City, State

MILTON

, FL

Zip Code &amp; Country

32570

## Name and Address of Registered Agent

Name (Last, First, Middle, Title)

PECK

, WILLIAM

- OR -

Business to serve as RA

Circle W Quality Meats Inc.

Address (PO Box is not

**ATTACHMENT** 40115310  
#P04000013826

acceptable)

6561 CAROLINE STREET

Suite, Apt. #, etc.

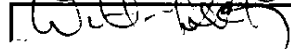
City, State

MILTON, FL

Zip Code &amp; Country

32570 US

If there is a change in registered agent, the new agent will need to type their name in the 'Registered Agent Signature' block below to accept the designation of registered agent. RA signature must be an individual name. If the RA is a business entity, an individual must sign on their behalf. A business entity cannot serve as its own RA.

**Registered Agent Signature**

This signature must be that of the individual "signing" this document electronically or be made with the full knowledge and permission of the individual, otherwise it constitutes **forgery** under s.831.06, Florida Statutes.

**Officer/Director Name and Address**

Our database can hold up to 6 officers/directors. If more than 6 officers/directors need to be made a part of the record, you cannot file the annual report online. You will need to download an annual report and list the additional officers/directors, title(s), name, and address on an attachment.

Title

PRES

Name (Last, First, Middle, Title)

PECK

WILLIAM

**- OR -**

Entity Name to serve as Officer/Director

Street Address

6561 CAROLINE STREET

City, State

MILTON

FL

Zip Code &amp; Country

32570

Title

PRES

Name (Last, First, Middle, Title)

**- OR -**

Entity Name to serve as Officer/Director

ATTACHMENT 40115310

#P04000013826

Street Address

City, State

Zip Code & Country

Title

Name (Last, First, Middle, Title)

- OR -

Entity Name to serve as Officer/Director

Street Address

City, State

Zip Code & Country

Title

Name (Last, First, Middle, Title)

- OR -

Entity Name to serve as Officer/Director

Street Address

City, State

Zip Code & Country

Title

Name (Last, First, Middle, Title)

- OR -

Entity Name to serve as Officer/Director

Street Address

City, State

Zip Code & Country

Title

Name (Last, First, Middle,

ATTACHMENT 40115310

~~# 004000013826~~

Title)

- OR -

Entity Name to serve as  
Officer/Director

Street Address

City, State

Zip Code &amp; Country

An individual named above or an individual signing on behalf of an entity named above must type their name in the 'Officer/Director Signature' block below. A corporate name is not allowed in this block.

Title

Pres

Officer/Director Signature

[Signature]

This signature must be that of the individual "signing" this document electronically or be made with the full knowledge and permission of the individual, otherwise it constitutes **forgery** under s.831.06, Florida Statutes. The individual "signing" this document affirms that the facts stated herein are true.

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