

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000038364

1. Entity Name
FAMILY MEAT GROCERY CORP



Principal Place of Business

3201 W MAIN ST
MIMS, FL 32754 US

Mailing Address

3201 W MAIN ST
MIMS, FL 32754 US



04032007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-0869820

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GUTIERREZ, FRANCISCO
2102 QUINELLA STREET
ORLANDO, FL 32833

**DO NOT WRITE
IN THIS SPACE**

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

X Helma Gutierrez

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GUTIERREZ, FRANCISCO 2102 QUINELLA STREET ORLANDO, FL 32833
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GUTIERREZ, THELMA 2102 QUINELLA STREET ORLANDO, FL 32833
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC GUTIERREZ, MILTON 2102 QUINELLA STREET ORLANDO, FL 32833
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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04/16/07-80050-003 150.00

**DO NOT WRITE
IN THIS SPACE**

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 empowered.

SIGNATURE:

X Helma Gutierrez

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #