
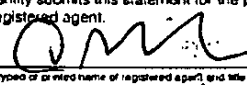
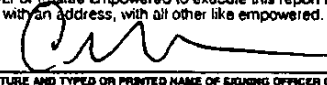


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 17, 2005 8:00 am
Secretary of State

04-26-2005 90173 033 ***150.00
05-06-2005 90184 001 ***150.00
05-06-2005 90184 002 *****8.75

DOCUMENT # P04000115013			
1. Entity Name JUST MEATS & GOURMET FOOD SERVICES, INC.			
Principal Place of Business 2788 41ST AVENUE NORTH ST. PETERSBURG, FL 33713 US		Mailing Address POST OFFICE BOX 28223 KENNETH CITY, FL 33709 US	
2. Principal Place of Business 5601 42nd St. N.		3. Mailing Address 5601 42nd St. N.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State St. Pete FL		City & State St. Pete FL 33714	
Zip 33714	Country USA	Zip 33714	Country USA
6. Name and Address of Current Registered Agent BLANKEN, CHRISTIAN M 2788 41ST AVENUE NORTH ST. PETERSBURG, FL 33713		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 5601 42nd St. N. City St. Pete FL Zip Code 33714	
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:  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 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P BLANKEN, CHRISTIAN M 2788 41ST AVENUE NORTH ST. PETERSBURG, FL 33713 <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	5601 42nd St. N. St. Pete FL 33714 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 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 like empowered. SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 5-2-05 727-656-2465			

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05022005 Chg-P CR2E034 (10/03)

4. FEI Number **81-0654030** Applied For
Not Applicable

8. Certificate of Status Desired ☒ **\$8.75 Additional
Fee Required**