

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 05, 2006 8:00 am
Secretary of State

04-05-2006 90149 039 ***150.00

DOCUMENT # P05000007983

1. Entity Name
TRI-COUNTY MEAT FISH & PRODUCE, INC.



Principal Place of Business
**5432 NORTH UNIVERSITY DRIVE
LAUDERHILL, FL 33351**

Mailing Address
**5432 NORTH UNIVERSITY DRIVE
LAUDERHILL, FL 33351**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03272006

Chg-P

CR2E034 (11/05)

4. FEI Number

34-2030 634

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**PITTER, CARL S
7435 NORTH WEST 57TH STREET
TAMARAC, FL 33319**

7. Name and Address of New Registered Agent

Name **Karl Gordon**
Street Address (P.O. Box Number is Not Acceptable)

7365 NW 52 CT

City **Lauderhill**

FL

Zip Code **33319**

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 fee, if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 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
**DPTS
GORDON, LINDA E
5432 NORTH UNIVERSITY DRIVE
LAUDERHILL, FL 33351** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DV
GORDON, KARL M
5432 NORTH UNIVERSITY DRIVE
LAUDERHILL, FL 33351** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**V
GORDON, PERCIVAL A
5432 NORTH UNIVERSITY DRIVE
LAUDERHILL, FL 33351** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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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 another line empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/28/06

954 260 6215