

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 23, 2008 8:00 am**  
**Secretary of State**

04-23-2008 90043 012 \*\*\*158.75

|                                                   |  |                                                                                   |
|---------------------------------------------------|--|-----------------------------------------------------------------------------------|
| <b>DOCUMENT # P06000150878</b>                    |  |  |
| 1. Entity Name<br><b>THE BUTCHER SHOPPE, INC.</b> |  |                                                                                   |

|                                                                                  |                                                                      |
|----------------------------------------------------------------------------------|----------------------------------------------------------------------|
| Principal Place of Business<br><b>6970 SNUG WATERS RD.<br/>NAVARRE, FL 32566</b> | Mailing Address<br><b>6970 SNUG WATERS RD.<br/>NAVARRE, FL 32566</b> |
|----------------------------------------------------------------------------------|----------------------------------------------------------------------|

|                                                                               |                                           |
|-------------------------------------------------------------------------------|-------------------------------------------|
| 2. Principal Place of Business - No P.O. Box #<br><b>8190 W FAIRFIELD DR.</b> | 3. Mailing Address<br>Suite, Apt. #, etc. |
| City & State<br><b>Pensacola FL</b>                                           | City & State                              |
| Zip<br><b>32506</b>                                                           | Country<br><b>ESCAMBIA</b>                |



02082008 Chg-P CR2E034 (12/06)

|                                                                      |                                                        |
|----------------------------------------------------------------------|--------------------------------------------------------|
| 4. FEI Number<br><b>20-8054833</b>                                   | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> | <b>\$8.75</b> Additional Fee Required                  |

|                                                                                                                        |  |
|------------------------------------------------------------------------------------------------------------------------|--|
| 6. Name and Address of Current Registered Agent<br><b>GREEN, KEVIN T<br/>6970 SNUG WATERS RD<br/>NAVARRE, FL 32566</b> |  |
|------------------------------------------------------------------------------------------------------------------------|--|

|                                                    |                    |
|----------------------------------------------------|--------------------|
| 7. Name and Address of New Registered Agent        |                    |
| Name                                               |                    |
| Street Address (P.O. Box Number is Not Acceptable) |                    |
| City                                               | <b>FL</b> 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 \_\_\_\_\_ DATE \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

|                                                                               |                                                                                                                        |
|-------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------|
| <b>FILE NOW!!! FEE IS \$150.00<br/>After May 1, 2008 Fee will be \$550.00</b> | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees |
|-------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------|

| 10. OFFICERS AND DIRECTORS                     |                                                                                                            |
|------------------------------------------------|------------------------------------------------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>P<br/>GREEN, KEVIN T<br/>6970 SNUG WATERS RD.<br/>NAVARRE, FL 32566</b> <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>S<br/>GREEN, KAREN M<br/>6970 SNUG WATERS RD<br/>NAVARRE, FL 32566</b> <input type="checkbox"/> Delete  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete                                                                            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete                                                                            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete                                                                            |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |                                                                   |
|-------------------------------------------------------|-------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>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 empowered.

**SIGNATURE:** *Karen Green* **4-14-08** **850-458-8781**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #