2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

2/1

FILED
Mar 25, 2008 8:00 am
Secretary of State

02-15-2008 90015 044 ***150.00

66004951

DOCUMENT # P07000027681

1. Entity Name

CROWDERS MEAT PROCESSING INC

Principal Place of Business	Mailing Address
4416 HWY 15 A GREEN COVE SPRINGS FL 32043 US	4416 HWY 15 A GREEN COVE SPRINGS FL 32043 US

1st MOORE CR2E034 (10/07)

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
CRowders Meat Processing Inc		Crowder Meat Prossing Inc	
Suite, Apt. #, etc. 4416 Hwy 15 A		Suite, Apt. #, etc. 4416 Hwy 15 A	
City & State Green Cove spring Fl		City & State Green cove spring Fl	
Zip 32043	Country Clay	Zip 32043	Country Clay

4. FEI Number 26-0504489 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

CROWDER, GREGORY G
4416 HWY 15 A
GREEN COVE SPRINGS FL 32043

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 Gregory G Crowder DATE 2/8/08

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

FILE NOW!!! FEE IS $150.00
After May 1, 2008 Fee Will Be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	CROWDER, JAMES D		NAME	
STREET ADDRESS	4416 HWY 15 A		STREET ADDRESS	
CITY-ST-ZIP	GREEN COVE SPRINGS FL 32043		CITY-ST-ZIP	
TITLE	VP	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	CROWDER, GREGORY G		NAME	
STREET ADDRESS	4416 HWY 15 A		STREET ADDRESS	
CITY-ST-ZIP	GREEN COVE SPRINGS FL 32043		CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ 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 Section 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: Greg G Crowder 3/20/08 904-284-8900

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