

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P10000073528

FILED  
Apr 11, 2012  
Secretary of State

**Entity Name:** BUTCHER SHOPPES OF JACKSONVILLE INC.

**Current Principal Place of Business:**

880 A1A N.  
UNIT 12  
PONTE VEDRA BEACH, FL 32082 US

**New Principal Place of Business:**

**Current Mailing Address:**

14441 MAGNOLIA SPRINGS LN. E  
JACKSONVILLE, FL 32258

**New Mailing Address:**

880 A1A N.  
UNIT 12  
PONTE VEDRA BEACH, FL 32082 US

**FEI Number:** 27-3506179

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MANIS, ROBERT P  
14441 MAGNOLIA SPRINGS LN E  
JACKSONVILLE, FL 32258 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: MANIS, ROBERT P  
Address: 14441 MAGNOLIA SPRINGS LN. E  
City-St-Zip: JACKSONVILLE, FL 32258 US

Title: T  
Name: MANIS, ROBERT P  
Address: 14441 MAGNOLIA SPRINGS LN. E  
City-St-Zip: JACKSONVILLE, FL 32258 US

Title: S  
Name: MANIS, STACIE  
Address: 14441 MAGNOLIA SPRINGS LN. E  
City-St-Zip: JACKSONVILLE, FL 32258 US

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: ROBERT P. MANIS

P

04/11/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date