


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2008 8:00 am
Secretary of State

04-21-2008 90079 021 ***150.00

DOCUMENT # P92000001025 1. Entity Name BILLY G'S PRIME MEATS, INC.					
Principal Place of Business 225 E INDIANTOWN RD JUPITER, FL 33477			Mailing Address 225 E INDIANTOWN RD JUPITER, FL 33477		
2. Principal Place of Business - No P.O. Box # 33 POPLAR RD		3. Mailing Address 33 POPLAR RD			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State TEQUESTA FL		City & State TEQUESTA FL		4. FEI Number 65-0365206	
Zip 33469		Country PAHM BCH		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GNIESKI, WILLIAM J 225 E INDIANTOWN RD JUPITER, FL 33477			7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ 33 POPLAR RD City TEQUESTA FL Zip Code 33469		
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 <u>William J. Gnieski</u> DATE <u>04-15-08</u> <small>Signature, typed or printed name of registered agent; and title if applicable. (NOTE: Registered Agent signature required when reinstating).</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GNIESKI, WILLIAM J. 33 POPLAR RD. TEQUESTA, FL <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	ST GNIESKI, PATRICIA 33 POPLAR RD. TEQUESTA, FL <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 all other like empowered.					
SIGNATURE: <u>William J. Gnieski</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <u>04-15-08</u> Daytime Phone # <u>(561) 746-4845</u>		