

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 27, 2007 08:00 AM
Secretary of State

DOCUMENT # P93000004990



1. Entity Name

STAR'S MEAT MARKET, INC.

Principal Place of Business
824 W. THARPE STREET
TALLAHASSEE FL 32303

Mailing Address
824 W. THARPE STREET
TALLAHASSEE FL 32303



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3163213**

Applied For
Not Applicable

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

1st MOORE CR2E034 (10/06)

6. Name and Address of Current Registered Agent

HARRISON, PATRICIA
824 W. THARPE STREET
TALLAHASSEE FL 32303

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE: PD ☐ Delete
NAME: HARRISON, PATRICIA
STREET ADDRESS: 217 MARK CHARLES DR.
CITY- ST- ZIP: TALLAHASSEE FL 32304

TITLE: STD ☐ Delete
NAME: HARRISON, SAMUEL C
STREET ADDRESS: 217 MARK CHARLES DR.
CITY- ST- ZIP: TALLAHASSEE FL 32304

TITLE: VD ☐ Delete
NAME: HARRISON, SAMMY A
STREET ADDRESS: 426 INKWOOD LANE
CITY- ST- ZIP: TALLAHASSEE FL 32301

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY- ST- ZIP:

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY- ST- ZIP:

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY- ST- ZIP:

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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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: *Patricia Harrison*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/26/07
Date

385-3410
Daytime Phone #