

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000004990

Entity Name: STAR'S MEAT MARKET, INC.

FILED
Jan 27, 2009
Secretary of State

Current Principal Place of Business:

824 W. THARPE STREET
TALLAHASSEE, FL 32303

New Principal Place of Business:

Current Mailing Address:

824 W. THARPE STREET
TALLAHASSEE, FL 32303

New Mailing Address:

FEI Number: 59-3163213

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HARRISON, PATRICIA
824 W. THARPE STREET
TALLAHASSEE, FL 32303 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: HARRISON, PATRICIA
Address: 217 MARK CHARLES DR.
City-St-Zip: TALLAHASSEE, FL 32304

Title: STD () Delete
Name: HARRISON, SAMUEL C
Address: 217 MARK CHARLES DR.
City-St-Zip: TALLAHASSEE, FL 32304

Title: VD () Delete
Name: HARRISON, SAMMY A
Address: 426 INKWOOD LANE
City-St-Zip: TALLAHASSEE, FL 32301

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: HARRISON, PATRICIA
Address: 824 W THARPE ST
City-St-Zip: TALLAHASSEE, FL 32303

Title: STD (X) Change () Addition
Name: HARRISON, SAMUEL C
Address: 824 W THARPE ST
City-St-Zip: TALLAHASSEE, FL 32303

Title: VD (X) Change () Addition
Name: HARRISON, SAMMY A
Address: 16024 FLETCHER CREEK CT
City-St-Zip: TALLAHASSEE, FL 32310

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: SAMMY A HARRISON

VD

01/27/2009

Electronic Signature of Signing Officer or Director

Date