

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P93000054497

Entity Name
COWART'S MEAT MARKET, INC.



Principal Place of Business

POST OFFICE BOX 39
SAN MATEO, FL 32187

Mailing Address

POST OFFICE BOX 39
SAN MATEO, FL 32187

FILED
Jan 23, 2006 08:00 AM
Secretary of State



01172006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3196139

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

COWART, DAVID L
530A HWY 17S
SAN MATEO, FL 32187

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IN THIS SPACE**

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, 2006 Fee will be \$550.00

8. Election Campaign Financing
Trust Fund Contribution.

☐ \$5.00 May Be
Added to Fees

U00000398360
01/30/06-80090-024 150.00

OFFICERS AND DIRECTORS

NAME	D
NAME	COWART, DAVID L
STREET ADDRESS	530A HWY 17S
CITY-ST-ZIP	SAN MATEO, FL 32187
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-17-06

Date

Daytime Phone #