

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90403 042 ***150.00

DOCUMENT # P95000009838					
1. Entity Name SMOKEHOUSE FOODS, INC.					
Principal Place of Business 525 GLEN CHEEK DR CAPE CANAVERAL, FL 32920			Mailing Address 525 GLEN CHEEK DR CAPE CANAVERAL, FL 32920		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-3298335	
Zip		Country		City	
Zip		Country		City	
6. Name and Address of Current Registered Agent MEADLOCK, JAMES WESLEY 434 INDIAN CREEK DRIVE COCOA BEACH, FL 32931			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City		
MEADLOCK, JAMES WESLEY 434 INDIAN CREEK DRIVE COCOA BEACH, FL 32931			Name Street Address (P.O. Box Number is Not Acceptable) City		
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MEADLOCK, JAMES WESLEY 434 INDIAN CREEK DRIVE COCOA BEACH, FL 32931			Name Street Address (P.O. Box Number is Not Acceptable) City		
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 _____ (NOTE: Registered Agent signature required when reinstating)					
Signature, typed or printed name of registered agent and title if applicable.					
DATE					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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	DP MEADLOCK, J. WESLEY 525 GLEN CHEEK DR CAPE CANAVERAL, FL 32920	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST ANDREWS, JACQUELINE S 525 GLEN CHEEK DR CAPE CANAVERAL, FL 32920	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST MEADLOCK, JACQUELYN A 525 GLEN CHEEK DR CAPE CANAVERAL, FL 32920	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST MEADLOCK, JACQUELYN A 525 GLEN CHEEK DR CAPE CANAVERAL, FL 32920	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST MEADLOCK, JACQUELYN A 525 GLEN CHEEK DR CAPE CANAVERAL, FL 32920	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <i>James Wesley Meadlock</i>			4-28-05 321-784-9300		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		