


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Jan 30, 2006 08:00 AM  
Secretary of State

|   |   |
|---|---|
| DOCUMENT # P95000059922                     |  |
| 1. Entity Name<br>GUY'S QUALITY MEATS CORP. |   |

|  |  |
|--|--|
| Principal Place of Business<br>2872 N. U S HWY 1<br>FORT PIERCE FL 34946 | Mailing Address<br>2872 N. U S HWY 1<br>FORT PIERCE FL 34946 |
|--|--|



|   |         |                                   |         |
|---|---------|-----------------------------------|---------|
| 2. Principal Place of Business<br><i>Same</i> |         | 3. Mailing Address<br><i>Same</i> |         |
| Suite, Apt. #, etc.                           |         | Suite, Apt. #, etc.               |         |
| City & State                                  |         | City & State                      |         |
| Zip   | Country | Zip                               | Country |

1st MOORE CR2E034 (10/05)

4. FEI Number 59-3322147 Applied For  
Not Applicable

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

|  |
|--|
| 6. Name and Address of Current Registered Agent<br>GAZZARA, GAETANO<br>2872 N US HWY 1<br>FORT PIERCE FL 34946 |
|--|

|   |
|---|
| 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 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                      | D <input type="checkbox"/> Delete |
| NAME                       | GAZZARA, GAETANO                  |
| STREET ADDRESS             | 1903 20TH STREET                  |
| CITY-ST-ZIP                | VERO BEACH FL 32960               |
| TITLE                      | <input type="checkbox"/> Delete   |
| NAME                       |                                   |
| STREET ADDRESS             |                                   |
| CITY-ST-ZIP                |                                   |
| TITLE                      | <input type="checkbox"/> Delete   |
| NAME                       |                                   |
| STREET ADDRESS             |                                   |
| CITY-ST-ZIP                |                                   |
| TITLE                      | <input type="checkbox"/> Delete   |
| NAME                       |                                   |
| STREET ADDRESS             |                                   |
| CITY-ST-ZIP                |                                   |
| TITLE                      | <input type="checkbox"/> Delete   |
| NAME                       |                                   |
| STREET ADDRESS             |                                   |
| CITY-ST-ZIP                |                                   |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |  |
|---|--|
| TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Add |
| NAME  | U00000406732   |
| STREET ADDRESS  | 02/07/06-80039-022 150.00                                    |
| CITY-ST-ZIP   |  |
| TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Add |
| NAME  |  |
| STREET ADDRESS  |  |
| CITY-ST-ZIP   |  |
| TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Add |
| NAME  |  |
| STREET ADDRESS  |  |
| CITY-ST-ZIP   |  |
| TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Add |
| NAME  |  |
| STREET ADDRESS  |  |
| 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: *Gaetano Gazzara* 1-26-06 322-460-2662  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #