

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000065946

FILED
Apr 15, 2009
Secretary of State

Entity Name: CAJUN SPECIALTY MEATS, INC.

Current Principal Place of Business:

690 E. HEINBERG ST.
PENSACOLA, FL 32502

New Principal Place of Business:

Current Mailing Address:

690 E. HEINBERG ST.
PENSACOLA, FL 32502

New Mailing Address:

FEI Number: 59-3395519

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BROUSSARD, CARL J
1346 MAZUREK BLVD.
PENSACOLA, FL 32514 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: P () Delete
Name: BROUSSARD, CARL J
Address: 1346 MAZUREK BLVD.
City-St-Zip: PENSACOLA, FL 32514

Title: VP () Delete
Name: BROUSSARD, CORY J
Address: 4585 BAYWOODS DR.
City-St-Zip: PENSACOLA, FL 32504

Title: T () Delete
Name: BROUSSARD, CARL J
Address: 1346 MAZUREK BLVD.
City-St-Zip: PENSACOLA, FL 32514

Title: S () Delete
Name: BROUSSARD, CORY J
Address: 4585 BAYWOODS DR.
City-St-Zip: PENSACOLA, FL 32504

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: CARL J. BROUSSARD

PRES

04/15/2009

Electronic Signature of Signing Officer or Director

Date