## ' 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT # P98000078503

IOWA MEATS - U.S.A, INC.

Principal Place of Business 1814 INDUSTRIAL BOULEVARD JACKSONVILLE, FL 32254

Malling Address PO 80X 41084

JACKSONVILLE, FL 32203

## **FILED** Mar 06, 2006 08:00 AM Secretary of State



DO NOT WRITE IN THIS SPACE	DO	NOT	WRITE	IN THIS	SPACE
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02272006 Na Chg-P CR2E034 (11/05)

4. FEI Number 59-3534367

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6.	Name	and	Address	of	Current	Reg	istered	Agent

SPENCE CARLTON H

1814 INDUSTRIAL BLVD JACKSONVILLE, FL 32254				IN THIS SPACE				
	tions of registered agent.			egistered agent, or bo	ith, in the State of Florida. I am familiar with, and accept  DATE			
•	Signature, typed or primed name or registered agent and the	n eppsicable (NOTE, Regis	itetea waani sidusinu	riedaned when terusterruith	UNIC .			
	E NOWIII FEE IS \$150.00 ay 1, 2006 Fee will be \$550.00	Election Campaign Fit     Trust Fund Contribution		\$5.00 May Be Added to Fees				
10.	OFFICERS AND DIREC	CTORS						
TITLE NAME STREET ADDRESS CITY-SI-ZIP	PD SPENCE, CARLTON H 1814 INDUSTRIAL BOULEVARD JACKSONVILLE, FL 32254				\			
TITLE NAME STREET ADDRESS GITY-ST-ZIP					U00000456649 08/16/06-80037-009 150.00			
TITLE	· ·		1					

DO NOT WRITE IN THIS SPACE

NAME STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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 efficer 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 ay officer like empowered.

SIGNATURE:

NAME STREET ADORESS

NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

CITY-ST-ZIP TITLE

ATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

March 2, 2006

907-786 - 3034 Coythre Phone 8