## 2006 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

changed, or on an attachment with an address, with all other like empowered.

CNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

## Aug 11, 2006 8:00 am Secretary of State DOCUMENT # V11226 1. Entity Name 08-11-2006 90003 013 \*\*\*150.00 COLORADO CHOICE MEAT CO., INC. Principal Place of Business Mailing Address 6782 N ORANGE BLOSSOM TRAIL UNIT D-3 6782 N ORANGE BLOSSOM TRAIL UNIT D-3 ORLANDO FL 32810 ORLANDO FL 32810 2. Principal Place of Business 3. Mailing Address 6782 N. Grange Blosson Tra. 6782 N. Orange Blowen Trl Suite, Apt. #, etc. Suite, Apt. #, etc. 2nd MOORE CR2E034 (4/06) Unit D-3 City & State Oity & State 4. FEI Number Applied For 59-3189325 Not Applicable Country U.S.A \$8.75 Additional 5. Certificate of Status Desired 3 2810 *72810* Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name James L. Raulerson, RAULERSON, JAMES L, JR. ress (P.O. Box Number is Not Acceptable) 6782 N ORANGE BLOSSOM TRAIL UNIT D-3 ORLANDO FL 32810 Zip Code **32810** 6. 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. 08/01/06 FILE NOW!!! FEE IS \$550.00 S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 \$5.00 May Be 9. Election Campaign Financing DUE BY September 6, 2006 late fee. By checking this box, the corporation certifies it did Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State not receive prior notice. Fee to file is \$150.00. 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE Delete TITLE Addition ☐ Change RAULERSON JR, JAMES L NAME NAME 6782 N ORANGE BLOSSOM TRAIL UNIT D-3 STREET ADDRESS STREET ADDRESS ORLANDO FL 32810 CITY - ST - ZIP CITY-ST-ZIP TITLE ☐ Detete TITSE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-SI-7IP TITLE Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 12. 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

**FILED** 

## ATTACHMENT 50021088 #V11276

In Whom It May loncers,

I am sending this back w/ a check for 15000 and

I am sequesting that the 4000 late fee be waired

whereas I either did not receive the obtained Report

for this corporation or if I did it was lost in

the mail. when I returned it. I actually

believe that I nover received it. I send my

Annual Reports back immediately noter receiving

thom. You can check your files I see that

I sent back my other 3 Annual Reports upon

receiving them.

O Decement # P930000704994

(2) Decement # P93000070409

3 Document # P95000077742

Thankyou

Thankyou

James L. Raulerson, Jr.