


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2006 08:00 AM
Secretary of State

DOCUMENT # P03000121886 1. Entity Name GENESIS CAFE & CATERING, INC.	
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Principal Place of Business 8725 OLD KINGS RD S JACKSONVILLE, FL 32217	Mailing Address P. O. BOX 10643 JACKSONVILLE, FL 32247
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04142006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 73-1684431	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SAFER, ELIOT J
 10110 SAN JOSE BLVD
 JACKSONVILLE, FL 32257

DO NOT WRITE IN THIS SPACE

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: *Cynthia F Jones* (NOTE Registered Agent signature required when reinstating)

DATE: *Apr 25 2006*

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D JONES, JOHNNIE L 3372 SHERIDAN RD JACKSONVILLE, FL 32217
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D JONES, CYNTHIA F 3372 SHERIDAN RD JACKSONVILLE, FL 32207
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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 05/10/06-80139-018 150.00

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

SIGNATURE: *Cynthia F Jones* (SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)

Date: *4/25/06* Daytime Phone #: *904 4488434*