## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P05000029086

Address:

City-St-Zip:

2008 ALLANDLE CIRCLE WEST

JACKSONVILLE, FL 32254

Entity Name: PAT'S PLACE AND CATERING, INC.

FILED Mar 16, 2009 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 3109 SPRING PARK ROAD 315 W. 16 TH STREET JACKSONVILLE, FL 32207 JACKSONVILLE, FL 32206 **Current Mailing Address: New Mailing Address:** 315 W. 16TH STREET JACKSONVILLE, FL 32206 FEI Number: 20-2382755 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: ANDERSON, JOHN A SR. 315 W. 16TH STREET JACKSONVILLE, FL 32206 US 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: ( ) Delete () Change () Addition ANDERSON, JOHN A SR. Name: Name: 315 W. 16TH STREET Address: Address: City-St-Zip: JACKSONVILLE, FL 32206 City-St-Zip: ( ) Delete Title: VΡ Title: () Change () Addition Name: OVERBY, LARHONDA Name: 315 W. 16 TH STREET Address: Address: JACKSONVILLE, FL 32206 City-St-Zip: City-St-Zip: Title: Title: DIR ( ) Delete DIR (X) Change ( ) Addition LEWIS, LENITA LEWIS, LENITA Name: Name: 5681 EDENFIELD ROAD, APT, 420 315 W 16 TH STREET Address: Address: City-St-Zip: JACKSONVILLE, FL 32277 City-St-Zip: JACKSONVILLE, FL 32206 Title: DIR ( ) Delete Title: DIR (X) Change ( ) Addition SHULER, LAVEENYA SHULER, LAVEENYA Name: Name:

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.

Address:

City-St-Zip:

315 W. 16 TH STREET

JACKSONVILLE, FL 32206

SIGNATURE: JOHN A ANDERSON, SR. PRES 03/16/2009