

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 21, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # P04000046177**

1. Entity Name  
**D & J FOOD SERVICE OF GAINESVILLE, INC.**



Principal Place of Business

**4191 SAN JUAN AVE  
JACKSONVILLE, FL 32210**

Mailing Address

**4191 SAN JUAN AVE  
JACKSONVILLE, FL 32210**

**DO NOT WRITE IN THIS SPACE**



04182006 No Chg-P

CR2E034 (11/05)

4. FEI Number  
**20-1028103**

Applied For  
Not Applicable

5. Certificate of Status Desired

☐ **\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**COHEN, LANCE P  
1723 BLANDING BLVD STE 102  
JACKSONVILLE, FL 32210**

**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

Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-stating)

DATE

**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  
BUSH, DAVID  
4191 SAN JUAN AVE  
JACKSONVILLE, FL 32210**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
BUSH, JUDY  
4191 SAN JUAN AVE  
JACKSONVILLE, FL 32210**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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05/03/06-80045-014 150.00

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IN THIS SPACE**

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:

*David M. Bush* **DAVID M. BUSH**

4/19/06

Date

(904)387-1959

Daytime Phone #