

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P10000082162

Entity Name: JAC CATERING CORP.

**FILED**  
**Feb 23, 2011**  
**Secretary of State**

## **Current Principal Place of Business:**

4801 LINTON BOULEVARD  
SUITE 12A  
DELRAY BEACH, FL 33445 US

## **New Principal Place of Business:**

## **Current Mailing Address:**

8898 STONE PIER DRIVE  
BOYNTON BEACH, FL 33472

## **New Mailing Address:**

4801 LINTON BOULEVARD  
SUITE 12A  
DELRAY BEACH, FL 33445 US

FEI Number: 80-0651979

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## **Name and Address of Current Registered Agent:**

WASCH, JOSEPH C  
2385 EXECUTIVE CENTER DRIVE NW  
SUITE 100  
BOCA RATON, FL 33431 US

## **Name and Address of New Registered Agent:**

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

## **OFFICERS AND DIRECTORS:**

Title: P  
Name: VINGIANO, CHRIS  
Address: 4801 LINTON BOULEVARD, SUITE 12A  
City-St-Zip: DELRAY BEACH, FL 33445

Title: VP  
Name: CRAWFORD, JAMES  
Address: 4801 LINTON BOULEVARD, SUITE 12A  
City-St-Zip: DELRAY BEACH, FL 33445

I hereby 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 all other like empowered.

SIGNATURE: JAMES CRAWFORD

VP

02/23/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date