

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2004 08:00 AM
Secretary of State

DOCUMENT # L42181
 1. Entity Name
FLORIDA CRACKER FOOD SERVICE, INC.



Principal Place of Business % FLORIDA CRACKER CAFE 81 ST GEORGE ST ST. AUGUSTINE, FL 32084 US	Mailing Address C/O WEEKS, LEN P.O. BOX 3225 ST. AUGUSTINE, FL 32085-3225
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01052004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2995055	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

WEEKS, CLAUDE L., JR.
 62 HYPOLITA STREET
 ST. AUGUSTINE, FL 32084

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 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	PVTD WEEKS, CLAUDE L., JR. 62 HYPOLITA STREET ST. AUGUSTINE, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D WEEKS, KRISTINA G 62 HYPOLITA ST ST AUGUSTINE, FL
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 04/02/04-80035-002 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Claude L. Weeks, Jr. **CLAUDE L. WEEKS, JR.** 4/1/04 904 824-1626
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #