

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 29, 2007 8:00 am**  
**Secretary of State**

03-29-2007 90020 031 \*\*\*150.00

**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

40044340



01152007 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #  
**FLORIDA CRACKER FOOD SERVICE, INC.**

Suite, Apt. #, etc.  
**62 HYPOLITA STREET**

City & State  
**ST. AUGUSTINE, FL**

Zip  
**32084**

Country

4. FEI Number  
**59-2995055**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL** Zip Code

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 reinstating) DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 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**

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**D**  
**WEEKS, KRISTINA G**  
**62 HYPOLITA ST**  
**ST AUGUSTINE, FL**

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DV**  
**WEEKS, KRISTINA G.**  
**62 HYPOLITA ST.**  
**ST. AUGUSTINE, FL 32084**

☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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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: Claude L. Weeks Jr. **CLAUDE L. WEEKS JR** 3/19/07 904.824-1626  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #