

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L42181

FILED
Apr 22, 2009
Secretary of State

Entity Name: FLORIDA CRACKER FOOD SERVICE, INC.

Current Principal Place of Business:

FLORIDA CRACKER FOOD SERVICE, INC
62 HYPOLITA ST
ST. AUGUSTINE, FL 32084 US

New Principal Place of Business:

Current Mailing Address:

C/O WEEKS, LEN
P.O. BOX 3225
ST. AUGUSTINE, FL 320853225

New Mailing Address:

FEI Number: 59-2995055 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PSTD () Delete
Name: WEEKS, CLAUDE L., JR.
Address: 62 HYPOLITA STREET
City-St-Zip: SAINT AUGUSTINE, FL 32084

Title: DV () Delete
Name: WEEKS, KRISTINA G
Address: 62 HYPOLITA ST
City-St-Zip: SAINT AUGUSTINE, FL 32084

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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.

SIGNATURE: CLAUDE L. WEEKS, JR.

PSTD

04/22/2009

_____ Electronic Signature of Signing Officer or Director

_____ Date