


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 21, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N02910</b> 1. Entity Name <b>CENTRE STREET COOKERY, INC.</b>	
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Principal Place of Business <b>502 BROONE ST FERNANDINA BEACH, FL 32034</b>	Mailing Address <b>502 BROONE ST FERNANDINA BEACH, FL 32034</b>
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01162005 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-1981882</b>	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

**6. Name and Address of Current Registered Agent**

**WHITE, MARY AGNES  
502 BROOM ST.  
FERNANDINA BEACH, FL 32034**

**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 reinstating)

DATE \_\_\_\_\_

**Filing Fee is \$61.25  
Due by May 1, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

U000000189478  
01/24/05-80100-002 61.25

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WHITE, MARY AGNES 502 BROOME STREET FERNANDINA BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SCHRANTZ, MARIELLA B. 6 ILLAN CIRCLE FERNANDINA BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MERZEJEWSKI, FLORENCE 418 N 17TH ST FERNANDINA BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MOCK, MARCIA P. 2008 HIGHLAND DR. FERNANDINA BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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 617, 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:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*Marcia P. Mock* 1-17-05 (904) 261-6902