2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 28, 2007
Secretary of State

DOCUMENT# N02910

Entity Name: CENTRE STREET COOKERY, INC.

Current Principal Place of Business:

502 BROONE ST
FERNANDINA BEACH, FL 32034

New Principal Place of Business:

Current Mailing Address:

502 BROONE ST
FERNANDINA BEACH, FL 32034

New Mailing Address:

2008 HIGHLAND DRIVE
FERNANDINA BEACH, FL 32034

FEI Number: 59-1981882 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WHITE, MARY AGNES
502 BROOM ST.
FERNANDINA BEACH, FL 32034 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:	PD	( ) Delete
Name:	WHITE, MARY AGNES,	
Address:	502 BROOME STREET	
City-St-Zip:	FERNANDINA BEACH, FL	
Title:	VD	( ) Delete
Name:	SCHRANTZ, MARIELLA B, .	
Address:	6 ILLAN CIRCLE	
City-St-Zip:	FERNANDINA BEACH, FL	
Title:	SD	( ) Delete
Name:	MERZEJEWSKI, FLORENC, E	
Address:	418 N 17TH ST	
City-St-Zip:	FERNANDINA BEACH, FL	
Title:	TD	( ) Delete
Name:	MOCK, MARCIA P.,	
Address:	2008 HIGHLAND DR.	
City-St-Zip:	FERNANDINA BEACH, FL	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
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 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARCIA P. MOCK TREA 01/28/2007
Electronic Signature of Signing Officer or Director — Date