

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 05, 2007 8:00 am**  
**Secretary of State**

02-05-2007 90103 014 \*\*\*158.75

**DOCUMENT # P00000030551**

1. Entity Name  
**PARK CENTRE CAFE, INC.**



Principal Place of Business

4190 BELFORD RD.  
120  
JACKSONVILLE, FL 32216

Mailing Address

4190 BELFORD RD.  
120  
JACKSONVILLE, FL 32216

60011763

2. Principal Place of Business - No P.O. Box #

**4190 BELFORD RD**

Suite, Apt. #, etc. **120**

3. Mailing Address

**4190 BELFORD RD**

Suite, Apt. #, etc. **120**



01262007 Chg-P CR2E034 (12/06)

City & State

**JACKSONVILLE FL**

City & State

**JACKSONVILLE FL**

4. FEI Number  
**59-3631923**

Applied For  
Not Applicable

Zip **32216** Country

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

6. Name and Address of Current Registered Agent

OSSI, VINCENT  
2922 CABALLERO DR. NORTH  
JACKSONVILLE, FL 32217

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 file 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 **D** ☐ Delete  
NAME **OSSI, VINCENT**  
STREET ADDRESS **2922 CABALLERO DR. NORTH**  
CITY - ST - ZIP **JACKSONVILLE, FL 32217**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ Delete  
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CITY - ST - ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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: Vincent Ossi **VINCENT OSSI** 1-31-07 904-2968657  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #