

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 18, 2005 8:00 am**  
**Secretary of State**

04-18-2005 90269 035 \*\*\*150.00

DOCUMENT # P01000002615

1. Entity Name

AMAZING GRACE CATERING CO.



Principal Place of Business

4010 CONFEDERATE POINT ROAD  
JACKSONVILLE FL 32210

Mailing Address

4010 CONFEDERATE POINT ROAD  
JACKSONVILLE FL 32210

2. Principal Place of Business

3. Mailing Address

2801 COASTAL HWY.

Suite, Apt. #, etc.

St. Augustine FL.

Suite, Apt. #, etc.

City & State

Zip

Country

Zip

Country

City & State

32084

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/04)

4. FEI Number 59-3690294

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LUDWIG, KARL M  
3952 BALTIC STREET  
JACKSONVILLE FL 32210

Name Karl M. Ludwig

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

1621 FAIR ST

Jacksonville FL.

City

FL

Zip Code

32210

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

4/12/05

FILE NOW!!! FEE IS \$150.00

After May 1, 2005 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete  
NAME DOWNS, GRACE K  
STREET ADDRESS 1621 FAIR STREET  
CITY-ST-ZIP JACKSONVILLE FL 32210

TITLE VD ☐ Delete  
NAME LUDWIG, KARL M  
STREET ADDRESS 3952 BALTIC STREET  
CITY-ST-ZIP JACKSONVILLE FL 32210

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
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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STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

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

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 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 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/12/05 904-703-4624