

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

Jun 17, 2004 08:00 AM

Secretary of State

DOCUMENT # P02000073457

1. Entity Name
COUSINS CAFE, INC.



Principal Place of Business
**206 SOUTH ORANGE AVE.
GREEN COVE SPRINGS, FL 32043**

Mailing Address
**206 SOUTH ORANGE AVE.
GREEN COVE SPRINGS, FL 32043**



06142004 No Chg-P CR2E034 (10/03)

4. FEI Number
04-3700533

Applied For
Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**MCQUAIG, DAVID H
4745 SUTTON PARR CT
STE 103
JACKSONVILLE, FL 32224**

**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 renewing)

DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution ☐

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

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DPVT
PENA, JAMES R
438 MAGNOLIA AVE.
GREEN COVE SPRINGS, FL 32043**

TITLE
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CITY-ST-ZIP

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U000000162645
06/17/04-80001-010 158.75

**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 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 ISSUING OFFICER OR DIRECTOR

Date

Daytime Phone #