

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 13, 2006 08:00 AM
Secretary of State

DOCUMENT # P03000004609

1. Entity Name
MAI OUI! GOURMET, INC.



Principal Place of Business
**3611 ST JOHNS BLUFF RD
STE 103
JACKSONVILLE, FL 32224 US**

Mailing Address
**3611 ST JOHNS BLUFF RD
STE 103
JACKSONVILLE, FL 32224 US**

DO NOT WRITE IN THIS SPACE



02282006 No Chg-P CR2E034 (11/05)

4. FEI Number **74-3075083** Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**NEWTON, JANICE
8255 CHELSEA LAKE PLACE
JACKSONVILLE, FL 32256**

**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 file if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **PSD**
NAME **NEWTON, JANICE**
STREET ADDRESS **8255 CHELSEA LAKE PLACE**
CITY-ST-ZIP **JACKSONVILLE, FL 32256**

TITLE **DTV**
NAME **BASSHAM, KAREN**
STREET ADDRESS **3776 SALT MEADOW CTS**
CITY-ST-ZIP **JACKSONVILLE, FL 32224**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

**DOCUMENT#463814
03/21/06-00092-005 150.00**

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/9/06 904-997-1707
Date Daytime Phone #

JANICE NEWTON