

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Mar 21, 2008 08:00 AM
Secretary of State

DOCUMENT # P03000115254

1. Entity Name
SOIREE CATERING & EVENTS, INC.



Principal Place of Business
**196 N. PALAFOX STREET
PENSACOLA, FL 32502**

Mailing Address
**196 N. PALAFOX STREET
PENSACOLA, FL 32502**



02122008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
73-1686558

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**DICKERSON, LAURA
196 PALAFOX STREET
PENSACOLA, FL 32501**

**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

Laura Dickerson President

2/25/08

(Signature, typed or printed name of registered agent and title if applicable.)

(NOTE: Registered Agent signature required when reinstating)

1000000365675

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

04/07/08-80038-008 150.00

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**P
DICKERSON, LAURA
196 PALAFOX STREET
PENSACOLA, FL 32501**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**VP
COMBS, LISA
3550 FLINTWOOD CIRCLE
PENSACOLA, FL 32504**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
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TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**DO NOT WRITE
IN THIS SPACE**

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: *Laura Dickerson* Laura Dickerson 2/25/08 852-432-7227