

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 08, 2005 08:00 AM
Secretary of State

DOCUMENT # P03000121886	
1. Entity Name GENESIS CAFE & CATERING, INC.	
Principal Place of Business 8725 OLD KINGS RD S JACKSONVILLE, FL 32217	Mailing Address P. O. BOX 10643 JACKSONVILLE, FL 32247



02272005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 73-1684431	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**SAFER, ELIOT J
10110 SAN JOSE BLVD
JACKSONVILLE, FL 32257**

**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 date if applicable.

(NOTE: Registered Agent signature required when resigning)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 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
NAME	JONES, JOHNNIE L
STREET ADDRESS	3372 SHERIDAN RD
CITY - ST - ZIP	JACKSONVILLE, FL 32217

TITLE	D
NAME	JONES, CYNTHIA F
STREET ADDRESS	3372 SHERIDAN RD
CITY - ST - ZIP	JACKSONVILLE, FL 32207

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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 exemption stated in Section 119.07(3)(f), 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

3/4/05

Date

904 448 8434

Daytime Phone #

Cynthia Jones