

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000011092

FILED  
Apr 18, 2006  
Secretary of State

Entity Name: ARDEN'S KAFE AND KATERING, INC.

**Current Principal Place of Business:**

1650-4 HAMILTON STREET  
JACKSONVILLE, FL 32210

**New Principal Place of Business:**

**Current Mailing Address:**

1650-4 HAMILTON STREET  
JACKSONVILLE, FL 32210

**New Mailing Address:**

FEI Number: 20-0602621

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

TILLEY, STEPHEN E CPA  
4465 BAYMEADOWS RD. STE. 3  
JACKSONVILLE, FL 32217 US

**Name and Address of New Registered Agent:**

ALTERS, TIMOTHY D CPA  
4201 BAYMEADOWS RD. STE. 4  
JACKSONVILLE, FL 32217 US

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.

SIGNATURE: TIMOTHY D ALTERS

04/18/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: DESAUSSURE, ARDEN  
Address: 3615 MACGREGOR DRIVE  
City-St-Zip: JACKSONVILLE, FL 32210

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ARDER DESAUSSURE

P

04/18/2006

Electronic Signature of Signing Officer or Director

Date