

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Sep 01, 2006 08:00 AM
Secretary of State

DOCUMENT # P04000134523

1. Entity Name
GRANNIE MAC'S KITCHEN, INC.



Principal Place of Business
**3002 PHILIPS HWY
JACKSONVILLE, FL 32207**

Mailing Address
**3002 PHILIPS HWY
JACKSONVILLE, FL 32207**



05122006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-1831527

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**KETRON, KEITH
3002 PHILIPS HWY
JACKSONVILLE, FL 32207**

**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 reconstituting)

UN00000575822
09/01/06-80002-003 150.00
DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 6, 2006**

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 **D**
NAME **KETRON, KEITH**
STREET ADDRESS **3002 PHILIPS HWY**
CITY-ST-ZIP **JACKSONVILLE, FL 32207**

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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

Date

Daytime Phone #

Keith W. Ketron 8-31-06 9043983274