2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000029086

City-St-Zip:

DIR

Title:

Name:

Address:

City-St-Zip:

JACKSONVILLE, FL 32277

JACKSONVILLE, FL 32254

SHULER, LAVÉENYA

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2008 ALLANDLE CIRCLE WEST

FILED Apr 26, 2006 Secretary of State

Entity Nam	ne: PAT'S PLA	CE AND CATERING, INC.				
Current Pr	incipal Place o	f Business:	New Prin	New Principal Place of Business:		
	NG PARK ROAI /ILLE, FL 3220					
Current Mailing Address:			New Mail	New Mailing Address:		
3109 SPRING PARK ROAD JACKSONVILLE, FL 32207				315 W. 16TH STREET JACKSONVILLE, FL 32206		
FEI Number:	20-2382755	FEI Number Applied For ()	FEI Number Not App	olicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:		
315 W. 16T JACKSON\	/ILLE, FL 3220			: ! : - ! -		
in the State		omits this statement for the pur	pose or changing	its registered o	office or registered agent, or both,	
SIGNATUR	E:					
Electronic Signature of Registered Agent				Date		
Election Cam	paign Financing 1	rust Fund Contribution ().				
OFFICERS AND DIRECTORS:			ADDITIO	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	P () D ANDERSON, JOH 315 W. 16TH STR JACKSONVILLE,	N A SR. REET	Title: Name: Address: City-St-Zip:	P (X ANDERSON, JO 315 W. 16TH S JACKSONVILLI	STREET	
Title: Name: Address: City-St-Zip:	VP () D OVERBY, LARHO 2280 MAYFAIR W TITUSVILLE, FL	NDA /AY , APT. 13	Title: Name: Address: City-St-Zip:	VP (X OVERBY, LARI 315 W. 16 TH S JACKSONVILL	STREET	
Title: Name: Address:	DIR () D LEWIS, LENITA 5681 EDENFIELD	elete ROAD, APT. 420	Title: Name: Address:) Change ()Addition	

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.

City-St-Zip:

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: JOHN ANDERSON, SR. **PRES** 04/26/2006

() Change () Addition