

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000029086

FILED
Mar 16, 2009
Secretary of State

Entity Name: PAT'S PLACE AND CATERING, INC.

Current Principal Place of Business:

3109 SPRING PARK ROAD
JACKSONVILLE, FL 32207

New Principal Place of Business:

315 W. 16 TH STREET
JACKSONVILLE, FL 32206

Current Mailing Address:

315 W. 16TH STREET
JACKSONVILLE, FL 32206

New Mailing Address:

FEI Number: 20-2382755 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ANDERSON, JOHN A SR.
315 W. 16TH STREET
JACKSONVILLE, FL 32206 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: ANDERSON, JOHN A SR.
Address: 315 W. 16TH STREET
City-St-Zip: JACKSONVILLE, FL 32206

Title: VP () Delete
Name: OVERBY, LARHONDA
Address: 315 W. 16 TH STREET
City-St-Zip: JACKSONVILLE, FL 32206

Title: DIR () Delete
Name: LEWIS, LENITA
Address: 5681 EDENFIELD ROAD, APT. 420
City-St-Zip: JACKSONVILLE, FL 32277

Title: DIR () Delete
Name: SHULER, LAVEENYA
Address: 2008 ALLANDLE CIRCLE WEST
City-St-Zip: JACKSONVILLE, FL 32254

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: DIR (X) Change () Addition
Name: LEWIS, LENITA
Address: 315 W. 16 TH STREET
City-St-Zip: JACKSONVILLE, FL 32206

Title: DIR (X) Change () Addition
Name: SHULER, LAVEENYA
Address: 315 W. 16 TH STREET
City-St-Zip: JACKSONVILLE, FL 32206

I hereby certify that the information supplied with this filing does not qualify 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: JOHN A ANDERSON, SR.

PRES

03/16/2009

Electronic Signature of Signing Officer or Director

_____ Date