


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 01, 2007 8:00 am
Secretary of State

02-01-2007 90028 003 ***150.00

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|---|---|---|--|--|--|
| DOCUMENT # P05000093266 | | | |  | |
| 1. Entity Name JERSEY CAFE, INC. | | | | | |
| Principal Place of Business 12993 CORTEZ BOULEVARD BROOKSVILLE, FL 34613 | | | Mailing Address 12993 CORTEZ BOULEVARD BROOKSVILLE, FL 34613 | | |
| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | 4. FEI Number 20-3164655 | |
| Zip | | Country | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent GONZALES, LARRY J 2655 MCCORMICK DRIVE SUITE 212 CLEARWATER, FL 33759 | | | 7. Name and Address of New Registered Agent Name <u>Joseph Cuce</u> Street Address (P.O. Box Number is Not Acceptable) <u>12993 Cortez Blvd</u> City <u>Brooksville</u> <u>FL</u> Zip Code <u>34613</u> | | |
| 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 <u>Joseph Cuce</u> DATE <u>1/29/07</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | D CUCE, JOSEPH 12993 CORTEZ BOULEVARD BROOKSVILLE, FL 34613 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | D CUCE, VALERIE 12993 CORTEZ BOULEVARD BROOKSVILLE, FL 34613 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
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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: <u>Joseph Cuce</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | <u>1/29/07</u> <u>352-596-1424</u> <small>Date Daytime Phone #</small> | | |