

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P96000074851

1. Entity Name  
FIVE POINTS CAFE, INC.



FILED

05 APR -4 PM 3:27

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



04232004 Chg-P CR2E034 (10/03)

4. FEI Number  
59-3397574

Applied For  
Not Applicable

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

## 6. Name and Address of Current Registered Agent

MERRITT, MAC ARTHUR P  
1005 PARK STREET  
JACKSONVILLE, FL 32204

## 7. Name and Address of New Registered Agent

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City FL Zip Code

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 *Mac Arthur P Merritt*

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

Amended AR is \$61.25

9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

## 10. OFFICERS AND DIRECTORS

TITLE PSD  
NAME MERRITT, MAC ARTHUR P ☒ Delete  
STREET ADDRESS 3027 ROBINSON RD. W.  
CITY-ST-ZIP JACKSONVILLE, FL 32220

TITLE DVS  
NAME MERRITT, TERRIE E ☐ Delete  
STREET ADDRESS 3027 ROBINSON RD. W.  
CITY-ST-ZIP JACKSONVILLE, FL 32220

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
800043796678 ☐ Change ☐ Addition  
06/02/05--01060--004 \*\*\$8.75

TITLE DPTS  
NAME MERRITT, TERRIE E ☒ Change ☐ Addition  
STREET ADDRESS 3027 ROBINSON RD. W.  
CITY-ST-ZIP JACKSONVILLE, FL 32220

TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP  
800043796678  
01/03/05--01020--017 \*\*\$61.25

TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Terrie Merritt* *Mac Merritt* 4/1/04 356-8380

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(Date)

(Telephone)