

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 12, 2006 8:00 am
Secretary of State

04-12-2006 90077 001 ***150.00

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1. Entity Name
JULIE'S CAFE OF JACKSONVILLE, INC.



Principal Place of Business
5100 SUNBEAM ROAD NO. 4
JACKSONVILLE, FL 32257

Mailing Address
5100 SUNBEAM ROAD NO. 4
JACKSONVILLE, FL 32257

40046900



04042006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3444361

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

ZUMOT, MAJED
5100 SUNBEAM ROAD NO. 4
JACKSONVILLE, FL 32257

**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 reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME ZUMOT, MAJED
STREET ADDRESS 5100 SUNBEAM ROAD NO. 4
CITY - ST - ZIP JACKSONVILLE, FL 32257

TITLE VP
NAME ZUMOT, AYLIN
STREET ADDRESS 4270 TANGLEWILDE DR S
CITY - ST - ZIP JACKSONVILLE, FL 32257

TITLE
NAME
STREET ADDRESS
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CITY - ST - ZIP

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IN THIS SPACE**

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

MAJED ZUMOT

* 4/8/06 (904) 218-8121

Date

Daytime Phone #