

**2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P21000100596

**Entity Name:** CAFETERIA PLAN SERVICES, INC.

**Current Principal Place of Business:**

913 GULF BREEZE PKWY  
SUITE 34  
GULF BREEZE, FL 32561

**Current Mailing Address:**

913 GULF BREEZE PKWY  
34  
GULF BREEZE, FL 32561

**FEI Number:** 87-3937991

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

JESMONTH, RICHARD E  
4300 BAYOU BLVD  
SUITE 13  
PENSACOLA, FL 32503 US

*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

**Officer/Director Detail :**

Title P  
Name KNOX, JAMES M  
Address 420 FAIRPOINT DRIVE  
City-State-Zip: GULF BREEZE FL 32561

Title SEC  
Name KNOX, XUAN  
Address 420 FAIRPOINT DRIVE  
City-State-Zip: GULF BREEZE FL 32561

Title DIR  
Name KNOX, GEORGE JR  
Address 1227 HUBBARD RD  
City-State-Zip: SIGNAL MTN TN 37377

*I hereby 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 all other like empowered.*

**SIGNATURE:** JAMES M KNOX

**PRESIDENT**

**04/08/2024**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date