2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2005
Secretary of State

DOCUMENT# P03000091380

Entity Name: THE HARVEST MOON CAFE, INC.

Current Principal Place of Business:

HARVEST MOM CAFE
MCINTOSH, FL 32664

New Principal Place of Business:

HARVEST MOON CAFE
MCINTOSH, FL 32664

Current Mailing Address:

PO BOX 405
MCINTOSH, FL 32664

New Mailing Address:

FEI Number: 56-2387754 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BYRNE, MARY KATHLEEN
22050 HIGHWAY 441 NORTH UNIT CC
MCINTOSH, FL 32664 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: BYRNE, KATHLEEN
Address: 6241 E PL/ PO BOX 405
City-St-Zip: MC INTOSH, FL 32664

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: BYRNE, KATHLEEN
Address: PO BOX 405
City-St-Zip: MC INTOSH, FL 32664

I hereby certify that the information supplied with this filing does not qualify for the 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 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: KATHLEEN BYRNE PRES 04/02/2005

Electronic Signature of Signing Officer or Director — Date