# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Jan 08, 2007**
**Secretary of State**

DOCUMENT# P93000028538

**Entity Name:** OLD FAMILY RECIPE CAFE, INC.

**Current Principal Place of Business:**

1500 LUCERNE AVE.
LAKE WORTH, FL 33460

**New Principal Place of Business:**

**Current Mailing Address:**

1500 LUCERNE AVE.
LAKE WORTH, FL 33460

**New Mailing Address:**

**FEI Number: 65-0457076** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

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

MAHONEY, SEAN
1500 LUCERNE AVENUE
LAKE WORTH, FL 33460 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: D ( ) Delete
Name: MAHONEY, JANET
Address: 2562 GARDENS DRIVE NORTH
City-St-Zip: LAKE CLARKE GARDENS, FL 33461

Title: P ( ) Delete
Name: MAHONEY, SEAN
Address: 2608 MORES ROAD
City-St-Zip: WEST PALM BEACH, FL 33406

Title: D ( ) Delete
Name: MAHONEY, KATHLEEN R
Address: 2608 MORES RD
City-St-Zip: WEST PALM BEACH, FL 33401

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change ( ) Addition
Name: MAHONEY, KATHLEEN R
Address: 2608 MORES RD
City-St-Zip: WEST PALM BEACH, FL 33401

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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: SEAN MAHONEY P 01/08/2007
Electronic Signature of Signing Officer or Director Date