

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000028538

FILED  
Jan 27, 2009  
Secretary of State

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 (X)

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

I hereby certify that the information supplied with this filing does not qualify 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: KATHLEEN R. MAHONEY

DIRE

01/27/2009

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date