

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000028538

FILED  
Jan 07, 2012  
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 ( )

**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

**OFFICERS AND DIRECTORS:**

Title: D  
Name: MAHONEY, JANET  
Address: 2562 GARDENS DRIVE NORTH #102  
City-St-Zip: LAKE CLARKE GARDENS, FL 33461

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

Title: D  
Name: MAHONEY, KATHLEEN R  
Address: 919 NORTH FEDERAL HWY  
City-St-Zip: LAKE WORTH, FL 33460

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: SEAN M. MAHONEY

PRES

01/07/2012

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

\_\_\_\_\_ Date