


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 24, 2005 08:00 AM
Secretary of State

DOCUMENT # P93000044025
 1. Entity Name
FOOD COURT CAFES, INC.



Principal Place of Business Mailing Address
5900 LAKE ELLENOR DRIVE **5900 LAKE ELLENOR DRIVE**
ORLANDO, FL 32809 **ORLANDO, FL 32809**



01182005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3207435 Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
CORPORATE SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301

DO NOT WRITE IN THIS SPACE

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SHIVES, PAULA 5900 LAKE ELLENOR DR. ORLANDO, FL 32809
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD DOUGLAS, WENTZ E 5900 LAKE ELLENOR DR ORLANDO, FL 32809
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HERRIGAN, PATRICK 6100 LAKE ELLENOR DRIVE ORLANDO, FL 32809
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS WALKER, ANTHONY 5900 LAKE ELLENOR DR. ORLANDO, FL 32809
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 01/24/05-80191-021 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ 1/19/05 407-245-507C
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #