

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 16, 2004 8:00 am
Secretary of State

04-16-2004 90092 001 ***150.00

DOCUMENT # 492010

1. Entity Name
CAFE GARDENS, INC.

Principal Place of Business
1643 NW 1ST AVE
P. O. BOX 13151
GAINESVILLE, FL 32603 US

Mailing Address
PO BOX 13151
P. O. BOX 13151
GAINESVILLE, FL 32604-1151 US

94053650



03162004 Chg-P CR2E034 (10/03)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number
59-1656975

Applied For
Not Applicable

Zip Country

Zip Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MCKINNEY, STEPHEN R.
1643 N.W. 1ST AVE
P. O. BOX 13151
GAINESVILLE, FL 32603

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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: _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PC
NAME MCKINNEY STEPHEN R
STREET ADDRESS 2261 N.W. 8TH AVENUE
CITY-ST-ZIP GAINESVILLE, FL 32603 ☐ Delete

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 2218 NW 24TH STREET
CITY-ST-ZIP GAINESVILLE, FL 32605

TITLE S
NAME MCKINNEY, JANE P.
STREET ADDRESS 2261 N.W. 8TH AVENUE
CITY-ST-ZIP GAINESVILLE, FL 32603 ☐ Delete

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 2218 NW 24TH STREET
CITY-ST-ZIP GAINESVILLE, FL 32605

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify 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 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/16/04 352 376-2233
Date Daytime Phone #