


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 16, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # L33919**  
 1. Entity Name  
**MAIN STREET CAFE, INC.**



Principal Place of Business      Mailing Address  
**821 MAIN STREET**      **821 MAIN STREET**  
**DAYTONA BEACH, FL 32118**      **DAYTONA BEACH, FL 32118**

**DO NOT WRITE IN THIS SPACE**



01102004    No Chg-P    CR2E034 (10/03)

4. FEI Number      Applied For  
**59-2991192**      Not Applicable

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

6. Name and Address of Current Registered Agent  
**CORNELL, ALVA**  
**821 MAIN STREET**  
**DAYTONA BEACH, FL 32118**

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

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

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

U000000089788  
 03/16/04-80003-004 150.00

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD CORNELL, ALVA 821 MAIN STREET DAYTONA BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD CORNELL, VIRGINIA 821 MAIN STREET DAYTONA BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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)(c), 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: Al Cornell PR. 3/10/04    386    257-2323  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Case      Cayman Phone #