

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 02, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P00000003599</b> 1. Entity Name PAPA J'S CAFE, INC.
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Principal Place of Business 1458 HWY 41 N INVERNESS, FL 34450	Mailing Address 1458 HWY 41 N INVERNESS, FL 34450
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<b>DO NOT WRITE IN THIS SPACE</b>
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04242005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3615563	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  NABER, MARGARET 8870 S. LONGBRANCH AVE. INVERNESS, FL 34452
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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 \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD NABER, MARGARET 8870 S. LONGBRANCH AVENUE INVERNESS, FL 34452
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST KEY, SCOTT 8870 S. LONGBRANCH AVE. INVERNESS, FL 34452
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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:** Margaret Naber Margaret Naber 4-29-05 341-5169  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #