


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

Apr 28, 2004 08:00 AM
Secretary of State

DOCUMENT # P00000058744		
1. Entity Name PARC CAFE INC.		
Principal Place of Business 6300 PARC CORNICHE DRIVE ORLANDO, FL 32821	Mailing Address 6300 PARC CORNICHE DRIVE ORLANDO, FL 32821	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent KRISTJANSSON, MARTA 26299 SMITHFIELD DRIVE ORLANDO, FL 32837		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: <u>Marta Kristjansson</u> (NOTE: Registered Agent signature required when reinstating) DATE: <u>4-26-04</u>		
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PO KRISTIANSSON, MARTA 2624 SMITHFIELD DR ORLANDO, FL 32837	
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)(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: <u>Marta Kristjansson</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		DATE: <u>4/26/04</u> DAYTIME PHONE # <u>407-808-8556</u>



03292004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3656234	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

U00000134664
04/28/04-80028-020 150.00

**DO NOT WRITE
IN THIS SPACE**