7/29

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Aug 18, 2004 8:00 am
Secretary of State

07-29-2004 90011 001 ***150.00
08-18-2004 90001 013 ***400.00

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000123897

1. Entity Name
SECOND CUP OF COFFEE, INC.

54068638

[redacted]

07222004 Chg-P CR2E034 (10/03)

Principal Place of Business	Mailing Address
4220 SE 53 AVE UNIT B OCALA, FL 34480	1212 NE 36 AVE OCALA, FL 34471

2. Principal Place of Business	3. Mailing Address
2401 NE 18th Place	2401 NE 18th Place
Suite, Apt. #, etc.: Unit B	Suite, Apt. #, etc.: Unit B
City & State: Ocala FL	City & State: Ocala FL
Zip: 34479 Country	Zip: 34479 Country

4. FEI Number: 41-2067781 ☐ Applied For ☐ Not Applicable

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
MCCORMICK, JOHN 3180 NORTHEAST 63RD STREET OCALA, FL 34471	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 John M. McCormick 7-27-04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $550.00
Due by September 8, 2004

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	P ☒ Delete	TITLE	☐ Change ☐ Addition
NAME	FOSTER, STEVE	NAME	
STREET ADDRESS	2201 SE 25 ST	STREET ADDRESS	
CITY-ST-ZIP	OCALA, FL 34471	CITY-ST-ZIP	
TITLE	V ☐ Delete	TITLE	Pres. ☒ Change ☐ Addition
NAME	MCCORMICK, JOHN	NAME	McCormick, John
STREET ADDRESS	3180 NE 63 ST	STREET ADDRESS	3180 NE 63 St.
CITY-ST-ZIP	OCALA, FL 34479	CITY-ST-ZIP	Ocala FL 34479
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: John M. McCormick 7-27-04 352-694-5554
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #