

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 22, 2004 8:00 am
Secretary of State

03-09-2004 90012 009 ***150.00

DOCUMENT # P03000065243 1. Entity Name BALL PARK CAFE, INC.			
Principal Place of Business 502 LUCERNE AVE LAKE WORTH FL 33460		Mailing Address 502 LUCERNE AVE LAKE WORTH FL 33460	
2. Principal Place of Business 120 NORTH M STREET Suite, Apt. #, etc. G. City & State LAKE WORTH FL Zip 33460		3. Mailing Address 120 NORTH M. STREET Suite, Apt. #, etc. G. City & State LAKE WORTH, FL Zip 33460	
4. FEI Number 20-0040952		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CONTI, RICHARD J 502 LUCERNE AVE LAKE WORTH FL 33460		7. Name and Address of New Registered Agent Name FRANK CAROISE Street Address (P.O. Box Number is Not Acceptable) 120 NORTH M STREET Suite G. City LAKE WORTH, FL	
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 FRANK CAROISE <small>Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	
DATE 3/5/2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P NAME CONTI, RICHARD J STREET ADDRESS 578 AZURE AVE CITY-ST-ZIP WELLINGTON FL 33414	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE VP NAME CONTI, LORI E STREET ADDRESS 578 AZURE AVE CITY-ST-ZIP WELLINGTON FL 33414	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> 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: Lori Conti V.P. <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		DATE 3/5/2004 561-579-4281 <small>Date Daytime Phone #</small>	