

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 17, 2004 8:00 am**  
**Secretary of State**

02-17-2004 90015 033 \*\*\*150.00

**54007518**



02112004 Chg-P CR2E034 (10/03)

|   |   |  |  |  |                                 |      |                          |  |                |   |  |             |   |  |   |  |  |       |  |   |      |  |  |                |  |  |             |  |  |
|---|---|--|--|--|---------------------------------|------|--------------------------|--|----------------|---|--|-------------|---|--|---|--|--|-------|--|---|------|--|--|----------------|--|--|-------------|--|--|
| <b>DOCUMENT # P03000071930</b><br>1. Entity Name<br><b>OLD MAIN STREET CAFE &amp; BAKING COMPANY</b>  |   |  |  |  |                                 |      |                          |  |                |   |  |             |   |  |   |  |  |       |  |   |      |  |  |                |  |  |             |  |  |
| Principal Place of Business<br><b>8205 US HWY 301 N</b><br><b>PARRISH, FL 34219 US</b>  |   |  | Mailing Address<br><b>3970 MANATEE AVE E.</b><br><b>BRADENTON, FL 34208 US</b>   |  |                                 |      |                          |  |                |   |  |             |   |  |   |  |  |       |  |   |      |  |  |                |  |  |             |  |  |
| 2. Principal Place of Business<br><b>423 10<sup>th</sup> AVE W</b><br>Suite, Apt. #, etc.   |   | 3. Mailing Address<br><b>423 10<sup>th</sup> AVE W</b><br>Suite, Apt. #, etc.  |  |  |                                 |      |                          |  |                |   |  |             |   |  |   |  |  |       |  |   |      |  |  |                |  |  |             |  |  |
| City & State<br><b>PALMETTO FL</b><br>Zip <b>34221</b> Country <b>USA</b>   |   | City & State<br><b>PALMETTO FL</b><br>Zip <b>34221</b> Country <b>USA</b>  |  | 4. FEI Number<br><b>20-0067715</b>                     |                                 |      |                          |  |                |   |  |             |   |  |   |  |  |       |  |   |      |  |  |                |  |  |             |  |  |
| 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>   |   |  |  | Applied For<br><input type="checkbox"/> Not Applicable |                                 |      |                          |  |                |   |  |             |   |  |   |  |  |       |  |   |      |  |  |                |  |  |             |  |  |
| 6. Name and Address of Current Registered Agent<br><b>EVANS, BENJAMIN R</b><br><b>3970 MANATEE AVE E.</b><br><b>BRADENTON, FL 34208</b>   |   |  | 7. Name and Address of New Registered Agent<br>Name <b>BENJAMIN R EVANS</b><br>Street Address (P.O. Box Number is Not Acceptable)<br><b>421 10<sup>th</sup> AVE W</b><br>City <b>PALMETTO FL</b> Zip Code <b>34221</b> |  |                                 |      |                          |  |                |   |  |             |   |  |   |  |  |       |  |   |      |  |  |                |  |  |             |  |  |
| 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.<br>SIGNATURE <b>PRESIDENT</b> DATE <b>2/11/04</b><br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>  |   |  |  |  |                                 |      |                          |  |                |   |  |             |   |  |   |  |  |       |  |   |      |  |  |                |  |  |             |  |  |
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2004 Fee will be \$550.00</b>   |   | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |  |  |                                 |      |                          |  |                |   |  |             |   |  |   |  |  |       |  |   |      |  |  |                |  |  |             |  |  |
| 10. OFFICERS AND DIRECTORS<br><table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 10%;">P</td> <td style="width: 10%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td><b>EVANS, BENJAMIN R</b></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td><del>3970 MANATEE AVE E.</del> <b>421 10<sup>th</sup> AVE W</b></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td><del>BRADENTON, FL 34208</del> <b>PALMETTO FL 34221</b></td> <td></td> </tr> </table>   |   |  | TITLE  | P  | <input type="checkbox"/> Delete | NAME | <b>EVANS, BENJAMIN R</b> |  | STREET ADDRESS | <del>3970 MANATEE AVE E.</del> <b>421 10<sup>th</sup> AVE W</b> |  | CITY-ST-ZIP | <del>BRADENTON, FL 34208</del> <b>PALMETTO FL 34221</b> |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11<br><table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 10%;"></td> <td style="width: 10%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table> |  |  | TITLE |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition | NAME |  |  | STREET ADDRESS |  |  | CITY-ST-ZIP |  |  |
| TITLE   | P   | <input type="checkbox"/> Delete  |  |  |                                 |      |                          |  |                |   |  |             |   |  |   |  |  |       |  |   |      |  |  |                |  |  |             |  |  |
| NAME  | <b>EVANS, BENJAMIN R</b>  |  |  |  |                                 |      |                          |  |                |   |  |             |   |  |   |  |  |       |  |   |      |  |  |                |  |  |             |  |  |
| STREET ADDRESS  | <del>3970 MANATEE AVE E.</del> <b>421 10<sup>th</sup> AVE W</b> |  |  |  |                                 |      |                          |  |                |   |  |             |   |  |   |  |  |       |  |   |      |  |  |                |  |  |             |  |  |
| CITY-ST-ZIP   | <del>BRADENTON, FL 34208</del> <b>PALMETTO FL 34221</b>         |  |  |  |                                 |      |                          |  |                |   |  |             |   |  |   |  |  |       |  |   |      |  |  |                |  |  |             |  |  |
| TITLE   |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |  |                                 |      |                          |  |                |   |  |             |   |  |   |  |  |       |  |   |      |  |  |                |  |  |             |  |  |
| NAME  |   |  |  |  |                                 |      |                          |  |                |   |  |             |   |  |   |  |  |       |  |   |      |  |  |                |  |  |             |  |  |
| STREET ADDRESS  |   |  |  |  |                                 |      |                          |  |                |   |  |             |   |  |   |  |  |       |  |   |      |  |  |                |  |  |             |  |  |
| CITY-ST-ZIP   |   |  |  |  |                                 |      |                          |  |                |   |  |             |   |  |   |  |  |       |  |   |      |  |  |                |  |  |             |  |  |
| <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 10%;"></td> <td style="width: 10%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>  |   |  | TITLE  |  | <input type="checkbox"/> Delete | NAME |                          |  | STREET ADDRESS |   |  | CITY-ST-ZIP |   |  | <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 10%;"></td> <td style="width: 10%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>  |  |  | TITLE |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition | NAME |  |  | STREET ADDRESS |  |  | CITY-ST-ZIP |  |  |
| TITLE   |   | <input type="checkbox"/> Delete  |  |  |                                 |      |                          |  |                |   |  |             |   |  |   |  |  |       |  |   |      |  |  |                |  |  |             |  |  |
| NAME  |   |  |  |  |                                 |      |                          |  |                |   |  |             |   |  |   |  |  |       |  |   |      |  |  |                |  |  |             |  |  |
| STREET ADDRESS  |   |  |  |  |                                 |      |                          |  |                |   |  |             |   |  |   |  |  |       |  |   |      |  |  |                |  |  |             |  |  |
| CITY-ST-ZIP   |   |  |  |  |                                 |      |                          |  |                |   |  |             |   |  |   |  |  |       |  |   |      |  |  |                |  |  |             |  |  |
| TITLE   |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |  |                                 |      |                          |  |                |   |  |             |   |  |   |  |  |       |  |   |      |  |  |                |  |  |             |  |  |
| NAME  |   |  |  |  |                                 |      |                          |  |                |   |  |             |   |  |   |  |  |       |  |   |      |  |  |                |  |  |             |  |  |
| STREET ADDRESS  |   |  |  |  |                                 |      |                          |  |                |   |  |             |   |  |   |  |  |       |  |   |      |  |  |                |  |  |             |  |  |
| CITY-ST-ZIP   |   |  |  |  |                                 |      |                          |  |                |   |  |             |   |  |   |  |  |       |  |   |      |  |  |                |  |  |             |  |  |
| <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 10%;"></td> <td style="width: 10%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>  |   |  | TITLE  |  | <input type="checkbox"/> Delete | NAME |                          |  | STREET ADDRESS |   |  | CITY-ST-ZIP |   |  | <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 10%;"></td> <td style="width: 10%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>  |  |  | TITLE |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition | NAME |  |  | STREET ADDRESS |  |  | CITY-ST-ZIP |  |  |
| TITLE   |   | <input type="checkbox"/> Delete  |  |  |                                 |      |                          |  |                |   |  |             |   |  |   |  |  |       |  |   |      |  |  |                |  |  |             |  |  |
| NAME  |   |  |  |  |                                 |      |                          |  |                |   |  |             |   |  |   |  |  |       |  |   |      |  |  |                |  |  |             |  |  |
| STREET ADDRESS  |   |  |  |  |                                 |      |                          |  |                |   |  |             |   |  |   |  |  |       |  |   |      |  |  |                |  |  |             |  |  |
| CITY-ST-ZIP   |   |  |  |  |                                 |      |                          |  |                |   |  |             |   |  |   |  |  |       |  |   |      |  |  |                |  |  |             |  |  |
| TITLE   |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |  |                                 |      |                          |  |                |   |  |             |   |  |   |  |  |       |  |   |      |  |  |                |  |  |             |  |  |
| NAME  |   |  |  |  |                                 |      |                          |  |                |   |  |             |   |  |   |  |  |       |  |   |      |  |  |                |  |  |             |  |  |
| STREET ADDRESS  |   |  |  |  |                                 |      |                          |  |                |   |  |             |   |  |   |  |  |       |  |   |      |  |  |                |  |  |             |  |  |
| CITY-ST-ZIP   |   |  |  |  |                                 |      |                          |  |                |   |  |             |   |  |   |  |  |       |  |   |      |  |  |                |  |  |             |  |  |
| <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 10%;"></td> <td style="width: 10%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>  |   |  | TITLE  |  | <input type="checkbox"/> Delete | NAME |                          |  | STREET ADDRESS |   |  | CITY-ST-ZIP |   |  | <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 10%;"></td> <td style="width: 10%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>  |  |  | TITLE |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition | NAME |  |  | STREET ADDRESS |  |  | CITY-ST-ZIP |  |  |
| TITLE   |   | <input type="checkbox"/> Delete  |  |  |                                 |      |                          |  |                |   |  |             |   |  |   |  |  |       |  |   |      |  |  |                |  |  |             |  |  |
| NAME  |   |  |  |  |                                 |      |                          |  |                |   |  |             |   |  |   |  |  |       |  |   |      |  |  |                |  |  |             |  |  |
| STREET ADDRESS  |   |  |  |  |                                 |      |                          |  |                |   |  |             |   |  |   |  |  |       |  |   |      |  |  |                |  |  |             |  |  |
| CITY-ST-ZIP   |   |  |  |  |                                 |      |                          |  |                |   |  |             |   |  |   |  |  |       |  |   |      |  |  |                |  |  |             |  |  |
| TITLE   |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |  |                                 |      |                          |  |                |   |  |             |   |  |   |  |  |       |  |   |      |  |  |                |  |  |             |  |  |
| NAME  |   |  |  |  |                                 |      |                          |  |                |   |  |             |   |  |   |  |  |       |  |   |      |  |  |                |  |  |             |  |  |
| STREET ADDRESS  |   |  |  |  |                                 |      |                          |  |                |   |  |             |   |  |   |  |  |       |  |   |      |  |  |                |  |  |             |  |  |
| CITY-ST-ZIP   |   |  |  |  |                                 |      |                          |  |                |   |  |             |   |  |   |  |  |       |  |   |      |  |  |                |  |  |             |  |  |
| <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 10%;"></td> <td style="width: 10%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>  |   |  | TITLE  |  | <input type="checkbox"/> Delete | NAME |                          |  | STREET ADDRESS |   |  | CITY-ST-ZIP |   |  | <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 10%;"></td> <td style="width: 10%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>  |  |  | TITLE |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition | NAME |  |  | STREET ADDRESS |  |  | CITY-ST-ZIP |  |  |
| TITLE   |   | <input type="checkbox"/> Delete  |  |  |                                 |      |                          |  |                |   |  |             |   |  |   |  |  |       |  |   |      |  |  |                |  |  |             |  |  |
| NAME  |   |  |  |  |                                 |      |                          |  |                |   |  |             |   |  |   |  |  |       |  |   |      |  |  |                |  |  |             |  |  |
| STREET ADDRESS  |   |  |  |  |                                 |      |                          |  |                |   |  |             |   |  |   |  |  |       |  |   |      |  |  |                |  |  |             |  |  |
| CITY-ST-ZIP   |   |  |  |  |                                 |      |                          |  |                |   |  |             |   |  |   |  |  |       |  |   |      |  |  |                |  |  |             |  |  |
| TITLE   |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |  |                                 |      |                          |  |                |   |  |             |   |  |   |  |  |       |  |   |      |  |  |                |  |  |             |  |  |
| NAME  |   |  |  |  |                                 |      |                          |  |                |   |  |             |   |  |   |  |  |       |  |   |      |  |  |                |  |  |             |  |  |
| STREET ADDRESS  |   |  |  |  |                                 |      |                          |  |                |   |  |             |   |  |   |  |  |       |  |   |      |  |  |                |  |  |             |  |  |
| 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: <b>BENJAMIN R. EVANS</b> DATE <b>2/11/04</b> DAYTIME PHONE # <b>941-776-0762</b><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>  |   |  |  |  |                                 |      |                          |  |                |   |  |             |   |  |   |  |  |       |  |   |      |  |  |                |  |  |             |  |  |