2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 17, 2004 8:00 am
Secretary of State

02-19-2004 90008 026 ***150.00

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01272004 Chg-P CR2E034 (10/03)

DOCUMENT # P03000091380

1. Entity Name
THE HARVEST MOON CAFE, INC.

Principal Place of Business	Mailing Address
22050 HIGHWAY 441 NORTH UNIT CC MCINTOSH, FL 32664	PO BOX 405 MCINTOSH, FL 32664

2. Principal Place of Business	3. Mailing Address
Harvest Moon Cafe	Po Box 405
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: McIntosh	City & State: Florida
Zip: 32664 Country: Mann	Zip: 36224 Country: USA

4. FEI Number: 56-2387754 — 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
BYRNE, MARY KATHLEEN 22050 HIGHWAY 441 NORTH UNIT CC MCINTOSH, FL 32664	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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

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 NAME STREET ADDRESS CITY-ST-ZIP	President Kathleen Byrne 6241 E Place McIntosh Fl 32664 ☐ Delete PoBox 405	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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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)(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: Kathleen Byrne Kathleen Byrne Feb 15 04 352-591-0105
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #