

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 30, 2007 8:00 am**  
**Secretary of State**

04-30-2007 90454 042 \*\*\*150.00

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|--|---|--|--|
| <b>DOCUMENT # P06000021659</b><br>1. Entity Name<br><b>MAIN LIBRARY CAFE CORPORATION</b>   |   |  |  |
| Principal Place of Business<br><b>13700 SUTTON PARK DRIVE NORTH<br/>#1317<br/>JACKSONVILLE, FL 32224 US</b>  |   | Mailing Address<br><b>13700 SUTTON PARK DRIVE NORTH<br/>#1317<br/>JACKSONVILLE, FL 32224 US</b>  |  |
| 2. Principal Place of Business - No P.O. Box #<br><b>303 North Laura Street</b>  |   | 3. Mailing Address<br><b>303 North Laura Street</b>  |  |
| Suite, Apt. #, etc.<br>  |   | Suite, Apt. #, etc.<br>  |  |
| City & State<br><b>Jacksonville, FL</b>  |   | City & State<br><b>Jacksonville, FL</b>  |  |
| Zip<br><b>32202</b>  | Country<br><b>US</b>  | Zip<br><b>32202</b>  | Country<br><b>US</b>   |
| 4. FEI Number<br><b>20-4284180</b>   |   | Applied For<br><input type="checkbox"/> Not Applicable   |  |
| 5. Certificate of Status Desired <input type="checkbox"/>  |   | <b>\$8.75 Additional Fee Required</b>  |  |
| 6. Name and Address of Current Registered Agent<br><br><b>PATTERSON, BOND &amp; LATSHAW, P.A.<br/>3010 SOUTH THIRD STREET<br/>JACKSONVILLE BEACH, FL 32250</b>   |   | 7. Name and Address of New Registered Agent<br>Name<br><b>Law Offices of C. Guy Bond, P.A.</b><br>Street Address (P.O. Box Number is Not Acceptable)<br><b>11012 Lake Mead, Avenue Suite 303</b><br>City<br><b>Jacksonville, FL</b> Zip Code<br><b>32256</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 <u>Mary G. Morcom</u> <b>Mary G. Morcom, Vice President of Law Offices of C. Guy Bond, P.A.</b> <b>4/26/07</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<br/>After May 1, 2007 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   |   | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | P <input type="checkbox"/> Delete<br><b>HICKS, STEVEN A<br/>13700 SUTTON PARK DRIVE NORTH, #1317<br/>JACKSONVILLE, FL 32224</b> | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br><b>Hicks, Steven A.<br/>3884 Open Creek Court<br/>Jacksonville, FL 32224</b> |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>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 exemptions contained in Chapter 119, 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>Steven A. Hicks</u> <b>Steven A. Hicks, President</b> <b>4/22/07</b> <b>(904) 614-6512</b><br><small>Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>   |   |  |  |