## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P93000028538

City-St-Zip: WEST PALM BEACH, FL 33401

Entity Name: OLD FAMILY RECIPE CAFE INC

FILED Jan 15, 2005 Secretary of State

Entity Nai	me: OLD FAN	IILY RECIPE CAFE, INC.				
Current P	rincipal Place	of Business:	New Princ	New Principal Place of Business:		
	ERNE AVE. RTH, FL 3346	0				
Current Mailing Address:			New Mailing Address:			
	ERNE AVE. RTH, FL 3346	0				
FEI Number: 65-0457076 FEI Number Applied For ( )			FEI Number Not App	FEI Number Not Applicable ( ) Certificate of Status Desired ( )		
Name and Address of Current Registered Agent:			Name and	Name and Address of New Registered Agent:		
	Y, SEAN ERNE AVENU RTH, FL 3346					
The above in the State	named entity s e of Florida.	submits this statement for the	e purpose of changing	its registered	d office or registered agent, or both,	
SIGNATU						
Election Car		ic Signature of Registered A  Trust Fund Contribution ( ).	Agent		Date	
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title:	D ()	Delete	Title:	D	(X) Change ( ) Addition	
Name:	MAHONEY, JAN		Name:	MAHONEY,		
Address:	2608 MORES F	RD.	Address:	2562 GARDI	ENS DRIVE NORTH	
City-St-Zip:	WEST PALM B	EACH, FL 33406	City-St-Zip:	LAKE CLARI	KE GARDENS, FL 33461	
Title:	P ()	Delete	Title:	Р	(X) Change ( ) Addition	
Name:	MAHONEY, SE		Name:	MAHONEY,	· · · - · · · ·	
Address:	1770 18TH AVE		Address:	2608 MORE		
City-St-Zip:	LAKE WORTH,		City-St-Zip:		1 BEACH, FL 33406	
Title:	D ()	Delete	Title:		( ) Change ( ) Addition	
Name:	DOUGHER, LA		Name:		( ) - · · · · · · · · · · · · · · · · · ·	
Address:	434 PINE GLEN		Address:			
City-St-Zip:	LAKE WORTH,	FL 33463	City-St-Zip:			
Title:	D ()	Delete	Title:		( ) Change ( ) Addition	
Name:	MAHONEY, KA		Name:			
Address:	2608 MORES F		Address:			

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

City-St-Zip:

SIGNATURE: LAWRENCE M. DOUGHER D 01/15/2005