

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2008 08:00 AM
Secretary of State

DOCUMENT # J10172

1. Entity Name
EBRO CATERERS, INC.



Principal Place of Business

6558 DOG TRACK RD
BOX 111
EBRO, FL 32437 US

Mailing Address

6558 DOG TRACK RD
BOX 111
EBRO, FL 32437 US



04212008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2659659

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

HESS, STOCKTON R
6512 DOG TRACK RD
EBRO, FL 32437

**DO NOT WRITE
IN THIS SPACE**

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, 2008 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U00000939680
05/28/08-80037-010 150.00

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
T
BRADLEY, LINDA M
9917 BIRCH TERRACE
CHARLEVOIX, FL 49720

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VPD
AUSTIN, PAULETTE
9531 ELECTRIC AVE
THONOTOSASSA, FL 33592

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SD
HESS, HARRY L.
P O BOX 111 N/A
EBRO, FL 32437

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
HESS, STOCKTON R.
6512 DOG TRACK RD
EBRO, FL 32437

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/08

Date

850-233-3110

Daytime Phone #