


Not open

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P01000069846

1. Entity Name
CATHERINES #5868, INC.



FILED
05 MAY -9 PM 3:12
SECRET
TALLAHASSEE, FLORIDA

Principal Place of Business: 3750 STATE ROAD, TAX COMPLIANCE, BENSALEM, PA 19020

Mailing Address: 3750 STATE ROAD, TAX COMPLIANCE, BENSALEM, PA 19020

2. Principal Place of Business: Suite, Apt. #, etc.

3. Mailing Address: Suite, Apt. #, etc.

City & State: [Blank]

Zip: [Blank] Country: [Blank]



03312005 Chg-P CR2E034 (10/03)

4. FEI Number: 81-0548261 Applied For: Not Applicable

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

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301

7. Name and Address of New Registered Agent

Name: [Blank]
Street Address (P.O. Box Number is Not Acceptable): [Blank]
City: [Blank] FL Zip Code: [Blank]

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE: P NAME: SPECTER, ERIC STREET ADDRESS: 450 WINKS LANE CITY-ST-ZIP: BENSALEM, PA 19020	<input type="checkbox"/> Delete
TITLE: VSD NAME: SULLIVAN, JOHN STREET ADDRESS: 450 WINKS LANE CITY-ST-ZIP: BENSALEM, PA 19020	<input type="checkbox"/> Delete
TITLE: DV NAME: GLUECK, NEAL STREET ADDRESS: 3750 STATE ROAD CITY-ST-ZIP: BENSALEM, PA 19020	<input type="checkbox"/> Delete
TITLE: [Blank] NAME: [Blank] STREET ADDRESS: [Blank] CITY-ST-ZIP: [Blank]	<input type="checkbox"/> Delete
TITLE: [Blank] NAME: [Blank] STREET ADDRESS: [Blank] CITY-ST-ZIP: [Blank]	<input type="checkbox"/> Delete
TITLE: [Blank] NAME: [Blank] STREET ADDRESS: [Blank] CITY-ST-ZIP: [Blank]	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: [Blank] NAME: [Blank] STREET ADDRESS: [Blank] CITY-ST-ZIP: [Blank]	<input type="checkbox"/> Change <input type="checkbox"/> Addition
500055188375 05/24/05--01041--008 **150.00	
TITLE: [Blank] NAME: [Blank] STREET ADDRESS: [Blank] CITY-ST-ZIP: [Blank]	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: [Blank] NAME: [Blank] STREET ADDRESS: [Blank] CITY-ST-ZIP: [Blank]	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: [Blank] NAME: [Blank] STREET ADDRESS: [Blank] CITY-ST-ZIP: [Blank]	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: [Blank] NAME: [Blank] STREET ADDRESS: [Blank] CITY-ST-ZIP: [Blank]	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: John Sullivan 4-25-05 (215) 633-4883

SIGNATURE AND TYPO OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #