## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT # P96000073255** 

Entity Name

PRESTIAGE CATERING INC.



FILED
May 08, 2008 8:00 am
Secretary of State

05-08-2008 90011 033 \*\*\*158.75

Principal Place of Business

5503 US HWY 98 S LAKELAND, FL 33813-3921 Mailing Address

5503 US HWY 98 S LAKELAND, FL 33813-3921 40099118



04172008

No Chq-P

CR2E034 (11/05)

4. FEI Number 59-3414938

Applied For Not Applicab

5. Certificate of Status Desired

\$8.75 Additional Fee Required

in the state of th

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

LEDBETTER, JAMES 5503 US HWY 98 S LAKELAND, FL 33813-3921

## DO NOT WRITE IN THIS SPACE

	15					
8. The above the obligat	named entity submits this statement for the ions of registered agent.	purpose of changing its registere	ed office or r	egistered agent, or both,	in the State of Florida. I am familiar with, and acc	
SIGNATURE.	Signature, typed or printed name of registered agent and title	iš annlicabla (NOTF: Ranistara	1 Ament signatur	a required when reinstating)	DATE	
	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.00	9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.   Added to Fees				
10.	OFFICERS AND DIRE	CTORS		· · · · · · · · · · · · · · · · · · ·		
NAME STREET ADDRESS CITY-ST-ZIP	PD LEDBETTER, JAMES L 6354 CREWS LAKE RD LAKELAND, FL 33813			·		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	POPES, CHERYL I 6354 CREWS LAKE RD LAKELAND, FL 33813	better				
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO I	NOT WRITE	
NAME STREET ADDRESS CITY-ST-ZIP				IN THIS SPACE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
TITLE NAME STREET ADDRESS				હું		

12. I hereby certify that the information supplied with this filling 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 i changed, or on an attachment with an address, with all other like empowered.

CNATURE (X) hedr

CITY-ST-ZIP

1/2/64 863-607-6086