


**2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Apr 26, 2004 8:00 am**  
**Secretary of State**

04-26-2004 90566 017 \*\*\*150.00

<b>DOCUMENT # S76788</b>		
1. Entity Name <b>CATHCART CONTRACTING COMPANY</b>		
Principal Place of Business <b>1757 W BROADWAY ST SUITE 3 OVIEDO FL 32765 US</b>		Mailing Address <b>1757 W BROADWAY ST SUITE 3 OVIEDO FL 32765 US</b>
2. Principal Place of Business		3. Mailing Address <b>PO Box 195 788</b>
Suite, Apt. #, etc.		Suite, Apt. #, etc.



MOORE CR2E034 (11/03)

City & State <b>WINTER SPRINGS, FL</b>		4. FEI Number <b>59-3083507</b>	Applied For <input type="checkbox"/> Not Applicable
Zip <b>32719</b>	Country	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent <b>CATHCART, JOHN THOMAS 1587 SOUTH LYONS COURT OVIEDO FL 32765</b>		7. Name and Address of New Registered Agent	
		Name <b>John Cathcart</b>	
		Street Address (P.O. Box Number is Not Acceptable) <b>733 Adidas Road</b>	
		City <b>Winter Springs FL</b>	Zip Code <b>32708</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.

SIGNATURE  **JOHN T. CATHCART, AS PRESIDENT** **4-30-04**  
Signature, typed or printed name of registered agent and title (Applicable) (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE <b>P</b>	<input type="checkbox"/> Delete <b>CATHCART, JOHN 222 ARROWHEAD CT. WINTER SPRINGS FL 32708</b>	TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	<b>733 Adidas Rd Winter Springs FL 32708</b>
TITLE <b>VP</b>	<input type="checkbox"/> Delete <b>BLANTON, MATT 1757 W. BROADWAY ST/ #3 OVIEDO FL 32765</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE	<input type="checkbox"/> Delete	<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 T. CATHCART, AS PRESIDENT** **4/20/04**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

407 341 6465