

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 01, 2007 08:00 AM
Secretary of State

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| 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 |



04232007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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| 4. FEI Number 59-2659659 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |

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| 6. Name and Address of Current Registered Agent HESS, STOCKTON R 6512 DOG TRACK RD EBRO, FL 32437 |
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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 _____

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| FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | U000000753640 05/22/07-80029-001 150.00 |
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| 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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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: Stockton R. Hess **4/25/07** **850-234-3943**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #