

**2020 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P06000063739

**Entity Name:** KATHIE, INC.

**Current Principal Place of Business:**

931 N SR 434,  
STE 1315  
ALTAMONTE SPRINGS, FL 32714

**Current Mailing Address:**

931 N SR 434, STE 1315  
STE 1315  
ALTAMONTE SPRINGS, FL 32714

**FEI Number:** 41-2207767

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

DELANEY, KATHIE  
425 WOOD PARK WAY  
#105  
LONGWOOD, FL 32779 US

*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.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title	PS
Name	DELANEY, KATHIE
Address	425 WOOD PARK WAY # 105
City-State-Zip:	LONGWOOD FL 32779
Title	DIR
Name	GERHART, MICHAEL
Address	691 OAK HARBOUR DR. #117
City-State-Zip:	ALTAMONTE SPRINGS FL 32701

Title	DIR
Name	DELANEY, PATRICK M
Address	3312 EAGLE BLVD
City-State-Zip:	ORLANDO FL 32804
Title	DIR
Name	DELANEY, KATHIE
Address	425 WOOD PARK WAY #105
City-State-Zip:	LONGWOOD FL 32779

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** KATHIE M. DELANEY

**OWNER/PRESIDENT**

**03/20/2020**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date