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

SIGNATURE:

Apr 07, 2004 8:00 am Secretary of State **DOCUMENT # 143478** 1. Entity Name 04-07-2004 90342 023 ***150.00 J.J. CATER FURNITURE COMPANY Principal Place of Business Mailing Address P.O. BOX 530247 P.O. BOX 530247 14001128 LAKE PARK FL 33403 LAKE PARK FL 33403 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E034 (11/03) City & State City & State 4. FEI Number Applied For 59-0188040 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CATER, JOHN J. JR CATER, JOHN J JR Street Address (P.O. Box Number is Not Acceptable) 309 NORTHLAKE BLVD N PALM BEACH FL 33408 2649 TECUMSEH DR West Palm BEACH FL 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. DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. CD TITLE ☐ Delete TITLE Change ☐ Addition NAME CATER JR, JOHN J NAME 2649 TECUMSEH DR. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP WEST PALM BEACH FL CITY-ST-7/P TITLE ☐ Delete TITLE ☐ Change ☐ Addition CATER, JUANITA P NAME NAME STREET ADDRESS 2649 TECUMSEH DR. STREET ADDRESS WEST PALM BEACH FL CITY-ST-ZIP CITY-ST-ZIP PD CATER II JOHU-J. BLVD APT 02-08 8008 BLUEBONNET BLVD APT 02-08 TITLE ☐ Delete TITLE Addition NAME CATER III, JOHN J NÂME STREET ADDRESS 8187 NASHUA DR STREET ADDRESS CITY-ST-ZIP BATON ROUGE, LA CITY-ST-ZIP PALM BEACH GARDENS FL 33418 ☐ Delete ☐ Change TITLE TITI F ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete nn £ ☐ Chance ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS City-St-ZIF CITY-ST-ZIP 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 rejeiver 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 attachylent with an address with all other like empowered.

FILED