

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Sep 06, 2007 8:00 am
Secretary of State

09-06-2007 90010 001 ***150.00

DOCUMENT # 252192

1. Entity Name
CATALINA CHEMICAL CO INC OF TAMPA



Principal Place of Business
**4709 NO. LOIS AVE
TAMPA, FL 33614**

Mailing Address
**4709 NO. LOIS AVE
TAMPA, FL 33614**

DO NOT WRITE IN THIS SPACE



08272007 No Chg-P CR2E034 (11/05)

4. FEI Number
59-0947644

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**DE FRANCO, JOSEPH
12001 GOLFVIEW DR
TAMPA, FL 33617**

*6637 Dolphin Cove Dr.
Apollo Beach, FL 33572*

**DO NOT WRITE
IN THIS SPACE**

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 _____

**FILE NOW!!! FEE IS \$150.00
Due by September 14, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**PD
DE FRANCO, JOSEPH
~~12001 GOLFVIEW DR~~
~~TAMPA, FL~~**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

*6637 Dolphin Cove Dr
Apollo Beach, FL 33572*

TITLE
NAME
STREET ADDRESS
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IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Aug 30-07

Date

813-876-5914

Daytime Phone #