

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 13, 2004 08:00 AM
Secretary of State

DOCUMENT # 378233					
1. Entity Name CATES ENTERPRISES, INC.					
Principal Place of Business 512 SE 9 ST OCALA FL 34471 US			Mailing Address 512 SE 9 ST OCALA FL 34471 US		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 59-1431037	
				Applied For Not Applicable	
				5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CATES, RAY 512 SE 9 ST OCALA FL 34471				7. Name and Address of New Registered Agent	
				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				FL Zip Code	
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 _____ (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	PV	☐ Delete		TITLE	☐ Change ☐ Addition
NAME	CATES, RAY A JR			NAME	
STREET ADDRESS	512 SE 9 ST			STREET ADDRESS	
CITY-ST-ZIP	OCALA FL 34471			CITY-ST-ZIP	
TITLE	ST	☐ Delete		TITLE	☐ Change ☐ Addition
NAME	CATES, BARBARA ANN			NAME	
STREET ADDRESS	512 SE 9 ST			STREET ADDRESS	
CITY-ST-ZIP	OCALA FL 34471			CITY-ST-ZIP	
TITLE		☐ Delete		TITLE	☐ Change ☐ Addition
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STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
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STREET ADDRESS				STREET ADDRESS	
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CITY-ST-ZIP				CITY-ST-ZIP	



MOORE CR2E034 (11/03)

4. FEI Number **59-1431037**

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CATES, RAY
512 SE 9 ST
OCALA FL 34471**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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
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

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OCALA FL 34471

☐ Delete

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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: ISA [Signature] Ray A Cates, Jr. 2/7/04 352-2364401