

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

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

DOCUMENT # 525628

1. Entity Name
CATERERS OF TAMPA, INC.



Principal Place of Business
**8300 N. NEBRASKA AVE.
TAMPA, FL 33604-3107**

Mailing Address
**8300 N. NEBRASKA AVE.
TAMPA, FL 33604-3107**



01232007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1721796

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**HATER, JOHN MICHAEL
8300 NEBRASKA AVE
TAMPA, FL 33604**

**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 resigning)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U000000615461
02/06/07-80071-019 150.00

10. OFFICERS AND DIRECTORS

TITLE	VD
NAME	BIDWILL, C.W. JR
STREET ADDRESS	22 REGENT WOOD RD
CITY-ST-ZIP	NORTH FIELD, IL 60093
TITLE	TD
NAME	HATER, JAMES P
STREET ADDRESS	CHARLEVOIX 400 MARTIN RD
CITY-ST-ZIP	CHARLEVOIX, MI
TITLE	PD
NAME	HATER, JOHN M.
STREET ADDRESS	1508 S. TRASK ST.
CITY-ST-ZIP	TAMPA, FL 336295533
TITLE	SD
NAME	BIDWILL, C.W. JR
STREET ADDRESS	22 REGENT WOOD ROAD
CITY-ST-ZIP	NORTHFIELD, IL 60093
TITLE	SD
NAME	HEILE, JOHN D
STREET ADDRESS	554 DAVENPORT AVE
CITY-ST-ZIP	CINCINNATI, OH 452041361
TITLE	ATD
NAME	JOHNSTON, JR, WILLIAM
STREET ADDRESS	8901 COUNTY LINE RD.
CITY-ST-ZIP	BURR RIDGE, IL 60527

**DO NOT WRITE
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:

John M. Hater

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/24/07

Date

813-932-9313

Daytime Phone #