

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 13, 2008 8:00 am
Secretary of State

05-13-2008 90010 022 ***150.00

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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**



02272008 No Chg-P CR2E034 (11/05)

4. FEI Number
59-1721796

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

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 reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VD
BIDWILL, C W JR
22 REGENT WOOD RD
NORTH FIELD, IL 60093**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**TD
HATER, JAMES P
CHARLEVOIX 400 MARTIN RD
CHARLEVOIX, MI**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
HATER, JOHN M.
1508 S. TRASK ST.
TAMPA, FL 336295533**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SD
BIDWILL, C.W. JR
22 REGENT WOOD ROAD
NORTHFIELD, IL 60093**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SD
HEILE, JOHN D
554 DAVENPORT AVE
CINCINNATI, OH 452041361**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**ATD
JOHNSTON, JR, WILLIAM
8901 COUNTY LINE RD.
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOHN M HATER

2/27/08

(813) 932-4313

Date

Daytime Phone #