

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2007 8:00 am
Secretary of State

04-10-2007 90018 028 ***150.00

DOCUMENT # H64219 1. Entity Name JOAN'S CATERING, INC.					
Principal Place of Business 4115 A HENDERSON BLVD. TAMPA, FL 33629			Mailing Address 4115 A HENDERSON BLVD. TAMPA, FL 33629		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-2560295	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent MICKIEWICZ, JOAN 4115A HENDERSON BLVD. TAMPA, FL 33629				7. Name and Address of New Registered Agent Name COURTNEY M. BLUM Street Address (P.O. Box Number is Not Acceptable) 9691 2ND STREET NORTH City SAINT PETERSBURG FL Zip Code 33702	
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 <u><i>Courtney Blum</i></u> <u><i>Courtney Blum</i></u> <u><i>president</i></u> <u><i>3/28/07</i></u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	XX <input checked="" type="checkbox"/> Delete MICKIEWICZ, JOAN D. 2603 HAWTHORNE CIRCLE TAMPA, FL 33629		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	XX <input type="checkbox"/> Delete BLUM, COURTNEY M 9691 2ND STREET NORTH SAINT PETERSBURG, FL 33702		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition PRESIDENT	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete TSM BLUM, AARON 9691 2ND ST NORTH SAINT PETERSBURG, FL 33702		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition VICE PRESIDENT	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete C MICKIEWICZ, CHRISTOPHER 3622 RENELLIE DR TAMPA, FL 33629		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete C BAGULHO, JOSE V 2501 W NORTH A ST TAMPA, FL 33609		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 6214 S. JONES ROAD TAMPA, FL 33611	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete 		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 	
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: <u><i>Aaron Blum</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <u><i>3/26/07</i></u> (813) 837-4420 <small>Daytime Phone #</small>		

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