

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 02, 2006 8:00 am
Secretary of State

05-02-2006 90218 017 ***150.00

DOCUMENT # H69642

1. Entity Name

CATFISH PAD, INC.



Principal Place of Business

1108 SOUTH MAGNOLIA
TALLAHASSEE FL 32301

Mailing Address

1108 SOUTH MAGNOLIA
TALLAHASSEE FL 32301

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

1st MOORE

CR2E034 (10/05)

4. FEI Number **59-2581498**

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

RICHARDS, DEBRA J.
1108 S MAGNOLIA
TALLAHASSEE FL 32301

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

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, 2006 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete
NAME RICHARDS, DEBRA J
STREET ADDRESS 1108 S MAGNOLIA
CITY-ST-ZIP TALLAHASSEE FL 32301

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME Debra Branch
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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

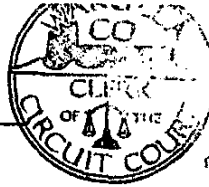
Date

Daytime Phone #

1-18-06

850 877 5543

ATTACHMENT

60033160
H69642

VERIFIED
A TRUE COPY
Clerk County Court
Wakulla County, Florida

[Handwritten signature]

Department of Health • Vital Statistics

**STATE OF FLORIDA
MARRIAGE RECORD**
TYPE IN UPPER CASE
USE BLACK INK

This license not valid unless seal of Clerk,
Circuit or County Court, appears thereon.

Inst:0000213151 Date:07/12/2004 Time:11:08

DC, Brent Thurmond, WAKULLA County B:546 P:736

(STATE FILE NUMBER)

2004-127

APPLICATION TO MARRY

1. GROOM'S NAME (First, Middle, Last) ERNEST DEAN BRANCH			2. DATE OF BIRTH (Month, Day, Year) 9/15/1966	
3a. RESIDENCE - CITY, TOWN, OR LOCATION 165 BAY PINE DR CRAWFORD	3b. COUNTY WAKULLA	3c. STATE FLORIDA	4. BIRTHPLACE (State or Foreign Country) FLORIDA	
5a. BRIDE po Box 684 DEBRA JUNE RICHARDS		5b. MAIDEN SURNAME (If different) RICHARDS	6. DATE OF BIRTH (Month, Day, Year) 6/1/1958	
7a. RESIDENCE - CITY, TOWN, OR LOCATION 1108 S MAGNOLIA DR TALLAH	7b. COUNTY LEON	7c. STATE FLORIDA	8. BIRTHPLACE (State or Foreign Country) FLORIDA	

ON THIS RECORD IS CORRECT TO THE BEST OF OUR KNOWLEDGE AND BELIEF, THAT NO LEGAL OBJECTION TO THE MARRIAGE
NOR THE ISSUANCE OF A LICENSE TO AUTHORIZE THE SAME IS KNOWN TO US AND HEREBY APPLY FOR LICENSE TO MARRY.

9. SIGNATURE OF GROOM (Sign full name using black ink) <i>Ernest Dean Branch</i>	10. SUBSCRIBED AND SWORN TO BEFORE ME ON (DATE) 6/21/2004
11. TITLE OF OFFICIAL DEPUTY CLERK	12. SIGNATURE OF OFFICIAL (Use black ink) <i>Erika Harrell</i>
13. SIGNATURE OF BRIDE (Sign full name using black ink) <i>Debra June Richards</i>	14. SUBSCRIBED AND SWORN TO BEFORE ME ON (DATE) 6/21/2004
15. TITLE OF OFFICIAL DEPUTY CLERK	16. SIGNATURE OF OFFICIAL (Use black ink) <i>Erika Harrell</i>

LICENSE TO MARRY

AUTHORIZATION AND LICENSE IS HEREBY GIVEN TO ANY PERSON DULY AUTHORIZED BY THE LAWS OF THE STATE OF FLORIDA TO PERFORM
A MARRIAGE CEREMONY WITHIN THE STATE OF FLORIDA AND TO SOLEMNIZE THE MARRIAGE OF THE ABOVE NAMED PERSONS. THIS LICENSE MUST
BE USED ON OR AFTER THE EFFECTIVE DATE AND ON OR BEFORE THE EXPIRATION DATE IN THE STATE OF FLORIDA IN ORDER TO BE RECORDED AND VALID.

17. COUNTY ISSUING LICENSE Wakulla	18. DATE LICENSE ISSUED 6/21/2004	18a. DATE LICENSE EFFECTIVE 6/23/2004	19. EXPIRATION DATE 8/21/2004
20a. SIGNATURE OF COURT CLERK OR JUDGE <i>Brent X Thurmond</i>		20b. TITLE CLERK OF THE COUNTY COURT	20c. BY D.C. Erika Harrell

CERTIFICATE OF MARRIAGE

I HEREBY CERTIFY THAT THE ABOVE NAMED GROOM AND BRIDE WERE JOINED BY ME IN MARRIAGE IN ACCORDANCE WITH THE LAWS OF THE STATE OF FLORIDA.

21. DATE OF MARRIAGE (Month, Day, Year) June 7-3-2004	22. CITY, TOWN, OR LOCATION OF MARRIAGE Crawfordville Florida
23a. SIGNATURE OF PERSON PERFORMING CEREMONY (Use black ink) <i>Rev. Preston S Carter</i>	23c. ADDRESS (Of person performing ceremony) 8831 Celis RD Tall Fla
23b. NAME AND TITLE OF PERSON PERFORMING CEREMONY (Or notary stamp) Rev. Preston S Carter Clergy	24. SIGNATURE OF WITNESS TO CEREMONY (Use black ink) <i>Malie Branch</i>
	25. SIGNATURE OF WITNESS TO CEREMONY (Use black ink) <i>Ernest Branch</i>

INFORMATION BELOW FOR USE BY VITAL STATISTICS ONLY - NOT TO BE RECORDED

THE STATE OF FLORIDA - THE SIGNATURE IS REQUIRED TO BE ON THE FRONT OF THE LICENSE AND ON THE BACK OF THE LICENSE



SEAL