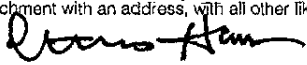


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2005 08:00 AM
Secretary of State

DOCUMENT # J10172 1. Entity Name EBRO CATERERS, INC.					
Principal Place of Business 6558 DOG TRACK RD BOX 111 EBRO, FL 32437 US		Mailing Address 6558 DOG TRACK RD BOX 111 EBRO, FL 32437 US			
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		04222005 Chg-P CR2E034 (10/03)	
City & State Zip Country		City & State Zip Country		4. FEI Number 59-2659659	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required		Applied For Not Applicable			
6. Name and Address of Current Registered Agent HESS, STOCKTON R 6512 DOG TRACK RD EBRO, FL 32437				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, 2005 Fee will be \$550.00		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 NAME STREET ADDRESS CITY-ST-ZIP	T BRADLEY, LINDA M 9917 BIRCH TERRACE CHARLEVOIX, FL 49720	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD AUSTIN, PAULETTE 9531 ELECTRIC AVE THONOTOSASSA, FL 33592	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HESS, HARRY L. P O BOX 111 N/A EBRO, FL 32437	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HESS, STOCKTON R. 6512 DOG TRACK RD EBRO, FL 32437	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete				
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: 		Stockton R. Hess		4/22/05 850-234-3943	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	