

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 01, 2007 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



04232007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2659659	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent HESS, STOCKTON R 6512 DOG TRACK RD EBRO, FL 32437

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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, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	U000000753640 05/22/07-80029-001 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BRADLEY, LINDA M 9917 BIRCH TERRACE CHARLEVOIX, FL 49720
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD AUSTIN, PAULETTE 9531 ELECTRIC AVE THONOTOSASSA, FL 33592
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HESS, HARRY L. P O BOX 111 N/A EBRO, FL 32437
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HESS, STOCKTON R. 6512 DOG TRACK RD EBRO, FL 32437
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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: Stockton R. Hess **4/25/07** **850-234-3943**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #