

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

7.54  
**FILED**  
**May 01, 2006 08:00 A**  
**Secretary of State**

**DOCUMENT # J13275**

1. Entity Name  
**CATHCO INCORPORATED**



Principal Place of Business  
**5550 41ST STREET  
VERO BEACH, FL 32967 US**

Mailing Address  
**PO BOX 6432  
VERO BCH, FL 32961 US**

**DO NOT WRITE IN THIS SPACE**



01062006 No Chg-P CR2E034 (11/05)

4. FEI Number <b>59-2672191</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent

**EISERT, MICHAEL S.  
6515 41 ST STREET  
VERO BEACH, FL 32967**

**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, 2006 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	PD EISERT, MICHAEL S. 6515 41ST STREET VERO BCH., FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST EISERT, CATHERINE A. 6515 41ST STREET VERO BCH., FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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05/17/06-80024-016 150.00

**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

*Michael S Eisert*

*President*

*April 25, 2006*

*772-562-8814*

Date

Daytime Phone #