


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 24, 2004 08:00 AM
Secretary of State

DOCUMENT # L96854	
1. Entity Name KATHERINE'S DRIVE AWAY, INC.	

Principal Place of Business 4931 86TH AVE., NO. PINELLAS PARK, FL 34666-5313 US	Mailing Address 4931 86TH AVE., NO. PINELLAS PARK, FL 34666-5313 US
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DO NOT WRITE IN THIS SPACE



03042003 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3027671	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

**WEEKS, KATHERINE M.
4931 86TH AVE., N.
PINELLAS PARK, FL 33782**

**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
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE PD	WEEKS, KATHERINE M.
NAME	
STREET ADDRESS 4931 86TH AVE N	
CITY-STATE-ZIP PINELLAS PARK, FL	
TITLE VD	WEEKS, ARNOLD E.
NAME	
STREET ADDRESS 4931 86TH AVE N	
CITY-STATE-ZIP PINELLAS PARK, FL	
TITLE S	WEEKS, HELEN
NAME	
STREET ADDRESS 5100 70TH AVE N	
CITY-STATE-ZIP PINELLAS PARK, FL 33781	
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

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05/24/04-80003-015 150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: KATHERINE WEEKS
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-20-2004-727-541-2419
Date Daytime Phone #