

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # N03000008349

1. Entity Name

C.A.T.C.H. INC.



FILED

04 SEP 24 PM 12:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

15 SOUTH JACKSON ST.
QUINCY FL 32351

Mailing Address

P.O. BOX 1856
QUINCY FL 32353-1856

\$61.25



MOORE

CR2E037 (4/04)

04

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

☒ Applied For
☐ Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WASHINGTON, REGINALD D SR
107 CAMELLIA DR
QUINCY FL 32351

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 \$61.25
Due By September 8, 2004

Deadline
9/21/04

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
CEO
WASHINGTON, REGINALD D SR
107 CAMELLIA DR
QUINCY FL 32351 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition
800041611078
10/05/04--01077--021 **122.50

TITLE
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CITY-ST-ZIP
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WASHINGTON, THERESA L
107 CAMELLIA DR
QUINCY FL 32351 ☐ Delete

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D
WILLIAMS, TANNSRA
15 SOUTH JACKSON ST.
QUINCY FL 32351 ☐ Delete

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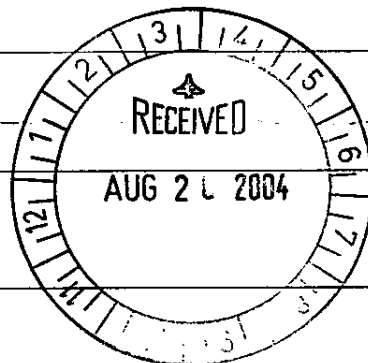
TITLE
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is 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 617, 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 #

9/23/04

B