2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 23, 2005 8:00 am
Secretary of State
03-23-2005 90036 008 ****61.25

DOCUMENT # N04000001204

1. Entity Name
CATELENA ON 3rd

Principal Place of Business
302-319 7AVE.S
NAPLES, FL. 34102

Mailing Address
792 94TH AVENUE NORTH
NAPLES, FL 34108

03052005 No Chg-NP CR2E037 (10/03)

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4. FEI Number
65 0083472
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

PUTNAM, DAVID
792 94TH AVENUE NORTH
NAPLES, FL 34108

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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: D. PUTNAM R.A. DATE: 3/16/05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DP	
NAME		HITCHCOCK, ROBERT
STREET ADDRESS		313 7TH AVE.S.
CITY-ST-ZIP		NAPLES, FL. 34102
TITLE	VPD	
NAME		MAXWELL, JOE
STREET ADDRESS		621 3rd STREET S.
CITY-ST-ZIP		NAPLES, FL. 34102
TITLE	TDS	
NAME		MCCONNELL, JOHN
STREET ADDRESS		319 7TH AVE.S.
CITY-ST-ZIP		NAPLES, FL. 34102
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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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: ROBERT B HITCHCOCK 3/17/05 239-403-3868
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #