


2005 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
Feb 28, 2005 08:00 AM
Secretary of State

DOCUMENT # P00000011440 1. Entity Name CATFISH PAD WEST OF TALLAHASSEE, INC.	
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Principal Place of Business 4229 W. PENSACOLA ST. TALLAHASSEE, FL 32304	Mailing Address 4229 W. PENSACOLA ST. TALLAHASSEE, FL 32304
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01262005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3624669	Applied For Not Applicable
5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent HAUCK, TIMOTHY 4229 W. PENSACOLA ST. TALLAHASSEE, FL 32304

**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, 2005 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	PCD HAUCK, TIMOTHY 4229 W PENSACOLA STREET TALLAHASSEE, FL 32304
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD HAUCK, SHERRY 4229 W PENSACOLA STREET TALLAHASSEE, FL 32304
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	

0000024669
2/28/05-P00000011440 \$158.75

**DO NOT WRITE
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)(f), 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

2-23-05

Date

Daytime Phone #