

2004 - FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 91048 028 ***150.00

DOCUMENT # P00000014443

1. Entity Name

CATHERINE DE FRANCE, INC.



Principal Place of Business

3951 ARNOLD AVENUE
NAPLES FL 34104

Mailing Address

3951 ARNOLD AVENUE
NAPLES FL 34104

2. Principal Place of Business

7770 PRESERVE LANE

3. Mailing Address

7770 PRESERVE LANE

Suite, Apt. #, etc.

Suite, Apt. #, etc.



MOORE

CR2E034 (11/03)

City & State

NAPLES FLORIDA

City & State

NAPLES FLORIDA

4. FEI Number

59-3623116

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

Zip

34119

Country

U.S.A.

Zip

34119

Country

U.S.A.

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ALLEGRET, JACQUES
3659 KENT DRIVE
NAPLES FL 34112

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

04/23/04

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☐ Delete
NAME ALLEGRET, JACQUES
STREET ADDRESS 3951 ARNOLD AVE.
CITY-ST-ZIP NAPLES FL 34110

TITLE ☒ Change ☐ Addition
NAME ALLEGRET JACQUES
STREET ADDRESS 7770 PRESERVE LANE
CITY-ST-ZIP NAPLES FL 34119

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JACQUES ALLEGRET

04/23/04

Date

(239) 571 5715

Daytime Phone #