


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

*page 1 of 4*

DOCUMENT # P00000042989	
1. Entity Name KATARINA KORPORATION, INC.	

Principal Place of Business 3160 E LIVINGSTON ST ORLANDO, FL 32803	Mailing Address P O BOX 716 OCOOEE, FL 34761
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

FILED  
04 MAY -5 PM 12:56  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



05082004 Chg-P CR2E034 (10/03)

6. Name and Address of Current Registered Agent  WARD, CRAIG B 105 E ROBINSON ST, SUITE 501 ORLANDO, FL 32801	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$550.00 Due by September 8, 2004</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LANE, ROBERT P O BOX 716 OCOOEE, FL 34761 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

300036275903  
05/13/04--01076--004 \*\*150.00

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 Date Daytime Phone #

## Division of Corporations

## Annual Report

Page 1

Document Number

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Business Entity Name

KATARINA KORPORATION, INC.

FEI Number

593637271

FEI Number Status

☐ Applied For ☐ Not Applicable ☒ CurrentCertificate of Status Desired ☐ Yes ☒ No

## Principal Place of Business

Address

3160 E LIVINGSTON ST

Suite, Apt. #, etc.

City, State

ORLANDO

FL

Zip Code &amp; Country

32803

## Mailing Address

Address

P O BOX 716

Suite, Apt. #, etc.

City, State

OCOEEE

FL

Zip Code &amp; Country

34761

## Name And Address of Registered Agent

Name (Last, First, Middle, Title)

WARD

CRAIG

B

-or- RA Business Name

Address

105 E ROBINSON ST, SUITE 501

Suite, Apt. #, etc.

City, State

ORLANDO

FL

Zip Code &amp; Country

32801

US

If Registered Agent (RA) is changed, the new RA must type their name in the 'Registered Agent Signature' block below. RA signature MUST be an individual name. If the RA is a business entity, an individual must sign on their behalf. A business entity cannot serve as its own RA.

Registered Agent Signature

Division of Corporations

Annual Report

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Document Number

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Business Entity Name

KATARINA KORPORATION, INC.

Election Campaign Financing Trust Fund Contribution ☐ Yes ☒ No

Officer/Director Name And Address

Title	<input type="text" value="D"/>
Name (Last, First, Middle, Title)	<input type="text" value="LANE"/> <input type="text" value="ROBERT"/> <input type="text"/> <input type="text"/>
-or- Entity Name	<input type="text"/>
Street Address	<input type="text" value="P O BOX 716"/>
City, State	<input type="text" value="OCOEE"/> <input type="text" value="FL"/>
Zip Code & Country	<input type="text" value="34761"/> <input type="text"/>
Title	<input type="text"/>
Name (Last, First, Middle, Title)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
-or- Entity Name	<input type="text"/>
Street Address	<input type="text"/>
City, State	<input type="text"/> <input type="text"/>
Zip Code & Country	<input type="text"/> <input type="text"/>
Title	<input type="text"/>
Name (Last, First, Middle, Title)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
-or- Entity Name	<input type="text"/>
Street Address	<input type="text"/>
City, State	<input type="text"/> <input type="text"/>
Zip Code & Country	<input type="text"/> <input type="text"/>
Title	<input type="text"/>
Name (Last, First, Middle, Title)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
-or- Entity Name	<input type="text"/>
Street Address	<input type="text"/>
City, State	<input type="text"/>

Zip Code &amp; Country

Title

Name (Last, First, Middle, Title)

-or- Entity Name

Street Address

City, State

Zip Code &amp; Country

Title

Name (Last, First, Middle, Title)

-or- Entity Name

Street Address

City, State

Zip Code &amp; Country

☐ List more than six Officers/Directors ☒ No additional Officers/Directors to list

An individual named above must type their name in the 'Officer/Director Signature' block below. A corporate name is not allowed in this block.

Title

CEO

Officer/Director Signature Robert Lane

Continue

Reset

Start Over

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