

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # P00000046416

1. Entity Name

HOMETOWN CATERING, INC.



FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

2004 OCT 8 PM 2:41

Principal Place of Business

1098 LAGUNA SPRINGS DRIVE  
WESTON FL 33326

Mailing Address

1098 LAGUNA SPRINGS DRIVE  
WESTON FL 33326

2. Principal Place of Business

370 Alexandria Circle

3. Mailing Address

370 Alexandria Circle

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Weston, Florida

City & State

Weston, Florida

Zip

33326

Country

U.S.A.

Zip

33326

Country

U.S.A.



MOORE

CR2E034 (4/04)

4. FEI Number

65-1006305

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

JAHODA, STEPHEN  
1098 LAGUNA SPRINGS DRIVE  
WESTON FL 33326

7. Name and Address of New Registered Agent

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 \$550.00

DUE BY September 8, 2004

Make Check Payable to Florida Department of State

S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. ☐

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete  
NAME JAHODA, STEPHEN  
STREET ADDRESS 1098 LAGUNA SPRINGS DRIVE  
CITY-ST-ZIP WESTON FL 33326

TITLE D ☐ Delete  
NAME FRIEDOPFER, BOB  
STREET ADDRESS 1098 LAGUNA SPRINGS DRIVE  
CITY-ST-ZIP WESTON FL 33326

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

☐ Change ☐ Addition

300041714573  
10/08/04--01033--013 \*\*550.00

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

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

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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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: *Stephen Jahoda* Stephen Jahoda

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

8/23/04 954-553-3302