

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P00000104308

1. Entity Name
CATCO, INC.



Principal Place of Business
4271 OLD 9 FOOT ROAD
EAGLE LAKE, FL 33839 US

Mailing Address
4271 OLD 9 FOOT ROAD
EAGLE LAKE, FL 33839 US

APPROVED
AND
FILED

07 APR 26 AM 9:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PSC



03192007 No Chg-P CR2E034 (11/05)

4. FEI Number
59-3707741

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

SAUNDERS, THOMAS C PRES
4271 OLD 9 FOOT ROAD
EAGLE LAKE, FL 33839

**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, 2007 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE PDST
NAME SAUNDERS, THOMAS C
STREET ADDRESS 4271 OLD 9 FOOT ROAD
CITY-ST-ZIP EAGLE LAKE, FL 33839

TITLE VPD
NAME SAUNDERS, CAROL A
STREET ADDRESS 4271 OLD 9 FOOT ROAD
CITY-ST-ZIP EAGLE LAKE, FL 33839

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

400101230204
05/02/07--01051--002 **150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 #