

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

10f2

DOCUMENT # P01000021269

1. Entity Name

CATAVA GROUP, INC.



04 OCT 25 PM 4:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



MOORE CR2E034 (11/03)

Principal Place of Business

663 DEERHURST DR
MELBOURNE FL 32940

Mailing Address

663 DEERHURST DR
MELBOURNE FL 32940

2. Principal Place of Business

663 DEERHURST DR.

3. Mailing Address

663 DEERHURST DR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MELBOURNE, FL

City & State

MELBOURNE, FL

4. FEI Number

59-3703142

Applied For

Not Applicable

Zip

32940

Country

BRIVARD

Zip

32940

Country

BRIVARD

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

N/A

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

SPENCER, RALPH E
663 DEERHURST DR
MELBOURNE FL 32940

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, 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 D ☐ Delete
NAME SPENCER, DAVID B
STREET ADDRESS 663 DEERHURST DR
CITY-ST-ZIP MELBOURNE FL 32940

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

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:

DAVID B. SPENCER

10/6/04

321/253/5459

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2042

FILED

CATAVA GROUP, INC.

663 Deerhurst Drive
Melbourne, Florida 32940
Business: (321) 253-5859
FAX: (321) 254-1346

04 OCT 25 PM 4:52

SECRETARY OF STATE
TALLAHASSEE FLORIDA

10/6/04

DIVISION OF CORPORATIONS
ANNUAL REPORT SECTION
P.O. BOX 6450
TALLAHASSEE, FL 32314

RE: DOCUMENT DO 1000D21269

I HAVE HAD THE BUSINESS SINCE 1995, AS YOU ARE AWARE
I RECEIVED YOUR DOCUMENT IN JUNE OR JULY OF 2004.
UNFORTUNATELY I WAS INVOLVED IN AN ACCIDENT IN
GEORGIA, SEPTEMBER 2002 WHERE I WAS THE VICTIM.
THE CASE IS IN FEDERAL COURT IN GEORGIA. THE TRIAL,
PRE SHOULD BE IN ONE MONTH. I HAVE BEEN UNABLE TO
DRIVE AND OF COURSE MY INSURANCE COMPANY CAN'T,
WON'T REIMBURSE ME FOR THE LOSS.

WHEN THIS MATTER IS CONCLUDED I WILL BE ABLE TO
SEND THE \$550.00 ENCLOSED PLEASE FIND THE COMPLETED
DOCUMENT I AM SENDING THE ORIGINAL I HAVE KEPT
A COPY

Carl B. Spencer
CATAVA GROUP INC
663 DEERHURST DR
MELBOURNE, FL 32940