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2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P01000094604

1. Entity Name
CATHERINES #5139, INC.



FILED

04 AUG 18 PM 1:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
450 WINKS LN.
BENSALEM, PA 19020

Mailing Address
3750 STATE ROAD 7-B13
BENSALEM, PA 19020



2. Principal Place of Business

3. Mailing Address

3750 State Road

Suite, Apt. #, etc.

Tax Compliance

City & State
Bensalem PA

City & State

Zip
19020

Country

Zip

Country

07212004

Chg-P

CR2E034 (10/03)

4. FEI Number

52-2344829

Applied For

Not Applicable

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

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525

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**

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 BERN, DORRIT J
STREET ADDRESS 450 WINKS LN.
CITY-ST-ZIP BENSALEM, PA 19020

TITLE ☐ Change ☐ Addition
NAME 500040318575
STREET ADDRESS 08/19/04--01013--017 **550.00
CITY-ST-ZIP

TITLE D ☐ Delete
NAME SULLIVAN, JOHN J
STREET ADDRESS 450 WINKS LN.
CITY-ST-ZIP BENSALEM, PA 19020

TITLE VPres/Asst Sec/Dir ☒ Change ☐ Addition
NAME John Sullivan
STREET ADDRESS 450 WINKS Lane
CITY-ST-ZIP Bensalem PA 19020

TITLE D ☒ Delete
NAME SCHRIVER, RODNEY
STREET ADDRESS 450 WINKS LN.
CITY-ST-ZIP BENSALEM, PA 19020

TITLE President ☐ Change ☒ Addition
NAME Eric Speclee
STREET ADDRESS 450 WINKS Lane
CITY-ST-ZIP Bensalem PA 19020

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Vice Pres/Dir ☐ Change ☒ Addition
NAME Neal Glueck
STREET ADDRESS 3750 State Road
CITY-ST-ZIP Bensalem PA 19020

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
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

Neal Glueck 7-27-04 (215)633-4883

Date

Daytime Phone #