

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2008 8:00 am
Secretary of State

05-01-2008 90206 042 ***150.00

DOCUMENT # P02000043116

1. Entity Name
CATALINA, INC.



Principal Place of Business
**1972 SAN MARCO BLVD.
JACKSONVILLE, FL 32207**

Mailing Address
**1972 SAN MARCO BLVD.
JACKSONVILLE, FL 32207**

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02072008

Chg-P

CR2E034 (12/06)

City & State

City & State

4. FEI Number

75-3033967

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**BODZIN, MARTIN I ESQ
621 NW 53RD ST, SUITE 240
BOCA RATON, FL 33487**

Name **Stephen J DuVal**

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

City **Green Cove Springs** **FL** Zip Code **32043**

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, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **PTD** ☒ Delete
NAME **ZLATANOFF, KIMBERLY**
STREET ADDRESS **945 HOLLY LANE**
CITY-ST-ZIP **JACKSONVILLE, FL 32207**

TITLE **VSD** ☒ Delete
NAME **ZLATANOFF, ALEXANDER**
STREET ADDRESS **945 HOLLY LANE**
CITY-ST-ZIP **JACKSONVILLE, FL 32207**

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

TITLE **PTD** ☐ Change ☒ Addition
NAME **Andrew McGuff**
STREET ADDRESS **8400 Starks Rd**
CITY-ST-ZIP **Jacksonville, FL 32256**

TITLE **VSD** ☐ Change ☒ Addition
NAME **William E. Hope, Jr.**
STREET ADDRESS **10100 Wiggertwill Lane**
CITY-ST-ZIP **Jacksonville, FL 32256**

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

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

TITLE ☐ Change ☐ Addition
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 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:

William E Hope Jr **VP Secy/Treas.**

4-28-08

(904) 306-0606

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #