

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000056989

Entity Name: CATHERINE-CARY, INC.

FILED
Apr 27, 2009
Secretary of State

Current Principal Place of Business:

12794 FOREST HILL BLVD
SUITE 12
WELLINGTON, FL 33414 US

New Principal Place of Business:

Current Mailing Address:

12794 FOREST HILL BLVD
#12
WELLINGTON, FL 33414 US

New Mailing Address:

12794 FOREST HILL BLVD
SUITE 12
WELLINGTON, FL 33414 US

FEI Number: 71-0886295

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

CATHERINE WILLIAMS
320 LAKE CAROL DR.
WEST PALM BEACH, FL 33411 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DPT () Delete
Name: WILLIAMS, CATHERINE
Address: 320 LAKE CAROL DR.
City-St-Zip: WEST PALM BEACH, FL 33411

Title: VP () Delete
Name: WILLIAMS, JERREL
Address: 12794 FOREST HILL BLVD #12
City-St-Zip: WELLINGTON, FL 33414

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JERREL L WILLIAMS

VP

04/27/2009

Electronic Signature of Signing Officer or Director

Date