

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000064798

FILED  
Mar 25, 2004  
Secretary of State

Entity Name: CATERCARE, INC.

## Current Principal Place of Business:

C/O FRANKLYN W. MITCHELL  
2868 SAND BLUFF COVE  
OVIEDO, FL 32765

## New Principal Place of Business:

5575 SOUTH SEMORAN BLVD.  
SUITE #25  
ORLANDO, FL 32822

## Current Mailing Address:

C/O FRANKLYN W. MITCHELL  
2868 SAND BLUFF COVE  
OVIEDO, FL 32765

## New Mailing Address:

5575 SOUTH SEMORAN BLVD.  
SUITE #25  
ORLANDO, FL 32822

FEI Number: 02-0636959

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

MITCHELL, FRANKLYN W  
2868 SAND BLUFF COVE  
OVIEDO, FL 327654 US

## Name and Address of New Registered Agent:

MITCHELL, FRANKLYN W  
5575 SOUTH SEMORAN BLVD.  
SUITE #25  
ORLANDO, FL 32822 US

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:

03/25/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: VPSD ( ) Delete  
Name: MITCHELL, FRANKLYN W  
Address: 2808 SAND BLUFF COVE  
City-St-Zip: OVIEDO, FL 32765

Title: PTD ( ) Delete  
Name: MITCHELL, SUSAN D  
Address: 2868 SAND BLUFF COVE  
City-St-Zip: OVIEDO, FL 32765

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VPSD (X) Change ( ) Addition  
Name: MITCHELL, FRANKLYN W  
Address: 5575 SOUTH SEMORAN BLVD. STE. #25  
City-St-Zip: ORLANDO, FL 32822

Title: PTD (X) Change ( ) Addition  
Name: MITCHELL, SUSAN D  
Address: 5575 SOUTH SEMORAN BLVD. STE. #25  
City-St-Zip: ORLANDO, FL 32822

I hereby certify that the information supplied with this filing does not qualify for the 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 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: FRANKLYN MITCHELL

VPSD

03/25/2004

Electronic Signature of Signing Officer or Director

Date