

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