


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 28, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # P02000064798

1. Entity Name  
CATERCARE, INC.



Principal Place of Business: 5575 SOUTH SEMORAN BLVD. SUITE #25 ORLANDO, FL 32822

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



04232005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number: 02-0636959 Applied For: Not Applicable

5. Certificate of Status Desired:  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE IN THIS SPACE**

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: *Frank Mitchell VP.* (NOTE: Registered Agent signature required when rechartering)

DATE: 4/25/05

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution:  \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	VPSD
NAME	MITCHELL, FRANKLYN W
STREET ADDRESS	5575 SOUTH SEMORAN BLVD. STE. #25
CITY-ST-ZIP	ORLANDO, FL 32822
TITLE	PTD
NAME	MITCHELL, SUSAN D
STREET ADDRESS	5575 SOUTH SEMORAN BLVD. STE. #25
CITY-ST-ZIP	ORLANDO, FL 32822
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/28/05-80006-013 150.00

**DO NOT WRITE IN THIS SPACE**

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 empowerments.

SIGNATURE: *Frank Mitchell* / Frank Mitchell 4/25/05 407-384-6060

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

ck # 6371