

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 09, 2004 8:00 am
Secretary of State

03-09-2004 90039 007 ***150.00

DOCUMENT # P03000002040					
1. Entity Name PRESIDENT CATERERS OF BOYNTON BEACH INC.					
Principal Place of Business 7468 ROCKBRIDGE CIRCLE LAKE WORTH, FL 33467			Mailing Address 7468 ROCKBRIDGE CIRCLE LAKE WORTH, FL 33467		
2. Principal Place of Business 8600 JOG ROAD		3. Mailing Address 8600 JOG ROAD			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State BOYNTON BEACH, FL		City & State BOYNTON BEACH, FL		4. FEI Number 57-1145043	
Zip 33437		Country PALM BEACH		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent KLEIN, STEVEN 7468 ROCKBRIDGE CIRCLE LAKE WORTH, FL 33467		7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ _____ City _____ FL Zip Code _____			
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 reappointing)					
FILE NOW!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☒ Addition	
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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 empowered.					
SIGNATURE: _____			RONNY SEIGLE		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		

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501-364-2028