
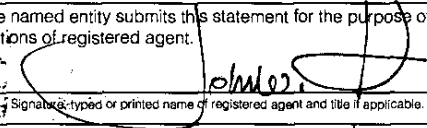



2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 90451 048 ***150.00

DOCUMENT # P03000013995 1. Entity Name CREEHAN CATERING, INC.					
Principal Place of Business 93 BARRACUDA STREET DESTIN, FL 32541			Mailing Address 93 BARRACUDA STREET DESTIN, FL 32541		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent HAWKINS, JOHN W ESQ. 607 HIGHWAY 98 EAST DESTIN, FL 32541			7. Name and Address of New Registered Agent Name John W. Hawkins, Esq. Street Address (P.O. Box Number is Not Acceptable) 4475 Legendary Dr. City Destin FL Zip Code 32541		
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:  DATE: 4/14/04 <small>(NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE D/P <input type="checkbox"/> Delete NAME Joseph G. Cruz STREET ADDRESS 6106 Barnes Rd. CITY-ST-ZIP Crestview, FL 32536			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE D/VP <input type="checkbox"/> Delete NAME Tim Creehan STREET ADDRESS 2996 Scenic Hwy 98 CITY-ST-ZIP Destin, FL 32541			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE S/T/D <input type="checkbox"/> Delete NAME Edward Johnson STREET ADDRESS 307 Osceola Court CITY-ST-ZIP Niceville, FL 32578			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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: 				Date 4-22-04 Daytime Phone #	