## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

Name and Address of Current Registered Agent

## **DOCUMENT # P03000019594**

1. Entity Name
A.D. CATERING COMPANY

FILED Apr 22, 2005 08:00 AM Secretary of State

Principal Place of Business 642 61ST AVENUE, SOUTH ST. PETERSBURG, FL 33705

D

STREET ADDRESS
CITY - ST - ZIP
THTLE
NAME
STREET ADDRESS
CITY - ST - ZIP

Mailing Address

642 61ST AVENUE, SOUTH ST. PETERSBURG, FL 33705



5. Certificate of Status Desired

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					4	41-2079	9865			Not Applicable		

MILLER, ALGENE SR.
642 61ST AVENUE, SOUTH
ST. PETERSBURG, FL 33705

IN THIS SPACE

	named entity submits this statement for the plions of registered agent.	urpose of changing its register	ed office or r	egistered agent, or bo	th, in the State of Florida. I am familiar with, and accept
SIGNATURE.	Signature, typed or printed name of registered agent and title i	applicable. (NOTE: Registere	ed Agent signature	required when reinstating)	DATE
FIL After Ma	E NOWILL FEE IS \$150.00 ny 1, 2005 Fee will be \$550.00	Election Campaign Final Trust Fund Contribution.		<b>\$5.00</b> a ecaeaa eagaagaagaa	
10.	OFFICERS AND DIREC	TORS		-	11. 11.
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MILLER, ALGENE SR. 642 61ST AVENUE, SOUTH ST. PETERSBURG, FL 33705				
TITLE NAME STREET ADDRESS CITY - ST- ZIP	S/T MILLER, DAPHNE 642 61ST AVENUE, SOUTH ST. PETERSBURG, FL 33705				000000323043 04/22/05-80038-010 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY+ST-ZIP				in '	THIS SPACE
TITLE NAME			]		The second section of the second section is a second section of the second section sec

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 697, 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: Ole Lens	- Willender A	laene Mill	lex Sr. 4/m	105 867-1959
SIGNATURE AND TY	ED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO	ri 🗸	Date	Daytime Phone #