

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000052813

FILED
Jan 07, 2005
Secretary of State

Entity Name: MAUREEN CATHERINE, INC.

Current Principal Place of Business:

811 MALIBU LANE
INDIALANTIC, FL 32903

New Principal Place of Business:

Current Mailing Address:

811 MALIBU LANE
INDIALANTIC, FL 32903

New Mailing Address:

FEI Number: 75-3128326

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

EVERETTE, MAUREEN
811 MALIBU LANE
INDIALANTIC, FL 32903 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: EVERETTE, MAUREEN
Address: 811 MALIBU LANE
City-St-Zip: INDIALANTIC, FL 32903

Title: D () Delete
Name: MOON, CATHERINE
Address: 5106 CANTERWOOD DR. NW
City-St-Zip: GIG HARBOR, WA 90532

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: MOON, CATHERINE
Address: 15090 NW OAKMONT LOOP
City-St-Zip: BEAVERTON, OR 97006

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: MAUREEN C. EVERETTE

D

01/07/2005

Electronic Signature of Signing Officer or Director

_____ Date