

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2004 8:00 am
Secretary of State

04-29-2004 90353 030 ***150.00

DOCUMENT # P03000059773

1. Entity Name
CATHERINES #5553, INC.



Principal Place of Business
450 WINKS LANE
BENSALEM, PA 19020

Mailing Address
450 WINKS LANE
BENSALEM, PA 19020

2. Principal Place of Business # 726
3675 Gulf To Bay Blvd
Suite, Apt. #, etc.

3. Mailing Address
3750 State Road
Suite, Apt. #, etc.

City & State
Clearwater FL
Zip
33759

City & State
TAX COMPLIANCE
Bensalem PA
Zip
19020

04222004 Chg-P CR2E034 (10/03)

4. FEI Number
45-0515900
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525

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 reinstating)

DATE

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
MADWAY, LINDA M
450 WINKS LANE
BENSALEM, PA 19020 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
SCHRIVER, RODNEY
450 WINKS LANE
BENSALEM, PA 19020 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
SULLIVAN, JOHN
450 WINKS LANE
BENSALEM, PA 19020 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
President
Eric Specker
450 Winks Lane
Bensalem PA 19020 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Vice President
Neal Glueck
450 Winks Lane
Bensalem PA 19020 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Neal Glueck 4-23-04 (215)633-4883
Date Daytime Phone #