

2004 FOR PROFIT CORPORATION ANNUAL REPORT

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

04-29-2004 90353 029 ***150.00

DOCUMENT # P03000142863

1. Entity Name
CATHERINES #5644, INC.



Principal Place of Business
450 WINKS LN
BENSALEM, PA 19020

Mailing Address
450 WINKS LN
BENSALEM, PA 19020

2. Principal Place of Business

3. Mailing Address

3750 State Road

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Tax Compliance
Bensalem PA

Zip

Country

Zip

Country

19020

04222004

Chg-P

CR2E034 (10/03)

4. FEI Number

73-1686625

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CORPORATE SERVICE COMPANY
1201 HAYS ST
TALLAHASSEE, FL 32301

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

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

TITLE D ☒ Delete
NAME SCHRIEVER, RODNEY
STREET ADDRESS 3750 STATE RD
CITY-ST-ZIP BENSALEM, PA 19020

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

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

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

Date

4/23/04 (215) 633-4883

Daytime Phone #