

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000169803

Entity Name: CARY CATO, INC.

FILED  
Jun 30, 2005  
Secretary of State

**Current Principal Place of Business:**

7740 NW 14 ST  
PEMBROKE PINES, FL 33024

**New Principal Place of Business:**

**Current Mailing Address:**

7740 NW 14 ST  
PEMBROKE PINES, FL 33024

**New Mailing Address:**

FEI Number: 34-2027397      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CATO, CARY  
7740 NW 14 ST  
PEMBROKE PINES, FL 33024 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: CATO, CARY  
Address: 7740 NW 14 ST  
City-St-Zip: PEMBROKE PINES, FL 33024

Title: V ( ) Delete  
Name: CATO, LINDA  
Address: 7740 NW 14 ST  
City-St-Zip: PEMBROKE PINES, FL 33024

Title: ST ( ) Delete  
Name: CATO, BETTY  
Address: P.O.BOX 545  
City-St-Zip: HAYESVILLE, NC 28904

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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

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 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: CARY P CATO

P

06/30/2005

Electronic Signature of Signing Officer or Director

Date