

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000000342

FILED
Mar 25, 2009
Secretary of State

Entity Name: BATTLES' CATERING INC.

Current Principal Place of Business:

3100-5 NORTH MAIN STREET
JACKSONVILLE, FL 32206 US

New Principal Place of Business:

Current Mailing Address:

2658 ERNEST STREET
JACKSONVILLE, FL 32204 US

New Mailing Address:

FEI Number: 86-1125822

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FLORIDA INCORPORATOR
2730 WHITE SANDS DRIVE
SUITE 3-A
SARASOTA, FL 34231 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: VP () Delete
Name: BATTLES, ALLISON
Address: 2658 ERNEST STREET
City-St-Zip: JACKSONVILLE, FL 32204 US

Title: MP () Delete
Name: BATTLES, LAURA
Address: 8704 DARLINGTON DR
City-St-Zip: JACKSONVILLE, FL 32208

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: ED (X) Change () Addition
Name: BATTLES, LAURA
Address: 8704 DARLINGTON DR
City-St-Zip: JACKSONVILLE, FL 32208

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: CLIFFORD E BATTLES

PRES

03/25/2009

Electronic Signature of Signing Officer or Director

Date