2006 FOR PROFIT CORPORATION ANNUAL REPORT

5/1/2006-90478-045-\$150.00-\$150.00

DOCUMENT # P05000111370							~ ,.	_	
1. Entity Name)		FILED						
CANTEEN CATERING INC.					:	06 J	UL 12	AM In:	35
Principal Place of Business Malling Address						3. c.a.	i i kasu	00-	33
Principal Place of Business Mailing Address 1920 E 7TH, AVE. 1920 E 7TH, AVE.						TALLA	ETARY HASSEI	Ur STA	JE.
TAMPA, FL 3					- 10001.1	-, 1″ L.₩p	ADA		
2. Principal Pl	ace of Business	3. Mailing Address			") I in titter in geter ome best erti erici infot infot infot infot infot infot infot infot infot in infot in info				
Suite, Apt. #, etc.		Suite, Apt. #, etc.			04182006	Chg-P	CR2E03	4 (11/05)	
City & State		City & State			4. FEI Numbe	er .			plied For
Zip	Country	Zip Country		lry	5. Certificate	of Status Desired		8.75 Add	litional
ļ <u>.</u>	6. Name and Address of Curren	Registered Agent		Ι	7. Name and Address of New Registered Agent				<u>. </u>
		Name							
HARRIS, ADAM 2612 CRESTFIELD DR.				Street Address (P.O. Box Number is Not Acceptable)					
VALRICO, FL 33594									
				City			FL	Zip Code	•
	named entity submits this statement	for the purpose of changing its	s register	ed office or register	red agent, or bot	h, in the State of Flo	rida. I am fa	miliar with,	and accept
the obligat	tions of registered agent.								
SIGNATURE									
		9. Election Campa	sian Finar	ncina S.S.	.00 May Be				
FIL After M:	E NOW!! FEE IS \$150.00 ay 1, 2006 Fee will be \$550				led to Fees				
10.	OFFICERS AN	D DIRECTORS	11.		ADDITIONS/	CHANGES TO OFF	CERS AND	DIRECTORS	
TIFLE NAME	VP HARRIS, ADAM	Delete	TITU	- I	1	1		Change	Addition
STREET ADDRESS	T ADDRESS 2612 CRESTFIELD DR.			TET ADDRESS	M η	14			
CITY-ST-ZIP	VALRICO, FL 33594	☐ Delete	TITU	-\$1-20P	73 0 1	t O		☐ Change	Addition
NAME	HARDY, WALT		NAM	ε					
STREET ADDRESS CITY-ST-ZIP	1920 E 7TH, AVE. TAMPA, FL 33605			ET ADDRESS -ST-ZP					
TILE		~ Delete	TITL	- 1		•		Change	☐ Addition
STREET ADDRESS			NAM Stre	ET ADDRESS		į			
CITY-ST-ZIP				-\$1.ZP		<u> </u>			
TITLE NAME		☐ Delete	TITU MAM	I		,	\	☐ Change	Addition
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TITLE		☐ Delete	TITL		<u></u>			☐ Change	Addition
NAME CTTCT LOCOCCO			NAM	ET ADDRESS				•	
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TITLE		☐ Delete	TITL NAM	I				Change	☐ Aridition
STREET ADDRESS				EET ADORESS					
CITY-ST-ZP	certify that the Information supplied w	rith this filing does not quality	ar the ov	emotions contained	d in Chanter 119	Finrida Statutae I	further certif	v that the in	ulormation
indicated of the co	certify that the information supplied with of on this report or supplied report reportation or the receive for frustee end, or on an attachpier pluy an address	t is true and accurate and that apowered to execute this repor	my signa t as requi	iture shall have the ired by Chapter 60	same legal effect 7, Florida Statute	t as if made under ous; and that my name	ath: that I are appears in	n an officer Block 10 or	or director Block 11 if
changed	d, or on an attachorent of the an address	s, with all other like empowered	đ.						
SIGNATURE: # 813-248-LULLA Option Printed Date Date Date Description Printed P									<u>alal A</u>
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