## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Apr 28, 2008 8:00 am Secretary of State

DOCUMENT # P06000022132  1. Entity Name KB CATERING, INC.									04-28-2008	90389 00	03 ***150	0.00	
Principal Place of Business				Mailing Address									
5311 ECHO LANE SARASOTA, FL 34233				5311 ECHO LANE SARASOTA, FL 34233				· .	•				
2. Principal Place of Business - No P.O. Box #				3. Mailing Address									
Suite, Apt. #, etc.				Suite, Apt. #, etc.				02162008	Chg-P	CR2E0	34 (12/06)		
City & State				City & State				4. FEI Number Applied For 20-4316902 Not Applica					
Zip	Country			Zip Count			5. Certificate of Status Desired   \$8.75 Additional Fee Required						
6. Name and Address of Current Ro				egistered Agent			7. Name and Address of New Registered Agent						
DAUM, JR, KEITH H							Name						
5311 ECH SARASOT	O LANE			=			Street Address (P.O. Box Number is Not Acceptable)						
				-			City FL Zip Code						
The above named entity submits this statement for the purpose of changing its registere													
	ions of regist		or the p	orpose or changing its	rogistari	50 011100 0	register	ed agont, or oc	out, with the otate of t	ionoa. Tami	iacimia: wici,	and accept	
CICNIATUDE	:	<i>;</i>											
SIGNATURE												<del></del>	
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00  9. Election Campaign Finance Trust Fund Contribution								.00 May Be ed to Fees					
10.		OFFICERS AND	DIREC	DIRECTORS 11.			,	ADDITIONS	CHANGES TO OF	FICERS AND	DIRECTORS	S IN 11	
TITLE	PTD	Delete	TITLS						Change	Addition			
NAME STREET ADDRESS	5311 ECH	R., KEITH H IO LANE		NAM STRE									
CITY-ST-ZIP		TA, FL 34233		CITY									
TITLE	VSD Delete IIILI						V51	D			<b>X</b> Change	Addition	
NAME	HERLIHY, WILLIAM J						HEF	RLIHY	MILLIAN	1 J.			
STREET ADDRESS CITY-ST-ZIP	1025 VILLAGIO CIRCLE-#204 STRI SARASOTA, FL 34237 CITY						120	0/7#A	WILLIAN MES L TA, FL	2412	00		
TITLE	Detete IIIL							KASUI	My FL	<u> </u>	Change	☐ Addition	
NAME					NAM								
STREET ADDRESS						ET ADDRESS							
CITY-ST-ZIP				r-m)		-ST-ZIP		, ===			(TT) -1		
TITLE NAME				Delete	TITLI						Change	☐ Addition	
STREET ADDRESS						ET ADDRESS							
CITY-ST-ZIP					CITY	-ST-ZIP							
TITLE				Delete	TITL						Change	☐ Addition	
name Street address					NAM	E Et address							
CITY-ST-ZIP						-ST-ZIP							
TITLE				☐ Delete	TITL	E					☐ Change	Addition	
NAME					NAM								
STREET ADDRESS CITY-ST-ZIP						ET ADDRESS -ST-ZIP							
	entify that the	e information supplied with	th this fi	ling does not qualify to			L	in Chapter 11	9. Florida Statutes	. I further cen	tify that the in	nformation	
indicated of the cor	on this repor	e information supplied wit rt or supplemental report he receiver or trustee emp actions with an address	is true a	ind accurate and that to execute this report	my signa t as requi	ture shall h	nave the apter 607	same legal effe 7. Florida Statut	ect as if made unde tes; and that my na	r oath; that I a	am an officer n Block 10 o	or director Block 11 if	

V SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR