# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Feb 17, 2009**
**Secretary of State**

DOCUMENT# P08000056204

**Entity Name:** KATHCAR & ASSOCIATES, INC.

**Current Principal Place of Business:**

5333 SW 9TH PL.
CAPE CORAL, FL

**New Principal Place of Business:**

5333 SW 9TH PL.
CAPE CORAL, FL 33914

**Current Mailing Address:**

5333 SW 9TH PL.
CAPE CORAL, FL

**New Mailing Address:**

5333 SW 9TH PL.
CAPE CORAL, FL 33914

**FEI Number: 30-0485028** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

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

WINFIELD, ARLINE
5333 SW 9TH PL.
CAPE CORAL, FL 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: PD ( ) Delete
Name: WINFIELD, ARLINE
Address: 5333 SW 9TH PL.
City-St-Zip: CAPE CORAL, FL

Title: VD ( ) Delete
Name: WINFIELD, CAROLYN
Address: 1365 FAR DR.
City-St-Zip: CORDOVA, TN 38018

Title: ST ( ) Delete
Name: WINFIELD, KATHLEEN
Address: 20 SANDALEWOOD
City-St-Zip: COLUMBIA, SC 29212

Title: D ( ) Delete
Name: RAINWATER, JOHN
Address: 533 SW 9TH PL.
City-St-Zip: CAPE CORAL, FL

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

Title: PD (X) Change ( ) Addition
Name: WINFIELD, ARLINE
Address: 5333 SW 9TH PL.
City-St-Zip: CAPE CORAL, FL 33914

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

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

Title: D (X) Change ( ) Addition
Name: RAINWATER, JOHN
Address: 533 SW 9TH PL.
City-St-Zip: CAPE CORAL, FL 33914

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: ARLINE WINFIELD PRES 02/17/2009
Electronic Signature of Signing Officer or Director Date