

# **2010 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P09000065050

**FILED**  
**Apr 22, 2010**  
**Secretary of State**

**Entity Name:** CATASTROPHE SERVICES INC

**Current Principal Place of Business:**

399 NORTH MONTROSE POINT  
INVERNESS, FL 34450

**New Principal Place of Business:**

**Current Mailing Address:**

399 NORTH MONTROSE POINT  
INVERNESS, FL 34450

**New Mailing Address:**

**FEI Number:** 27-0717102

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CASCIO, TONY  
20 SW 5TH STREET  
STUART, FL 34994 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:** D  
**Name:** BOLTON, DAVID  
**Address:** 399 NORTH MONTROSE POINT  
**City-St-Zip:** INVERNESS, FL 34450 US

I hereby 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 all other like empowered.

**SIGNATURE:** DAVID BOLTON

D

04/22/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date