2004 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

May 13, 2004 8:00 am Secretary of State DOCUMENT # P94000014197 1. Entity Name 05-13-2004 90005 005 ***550 00 M G E R CATERING, INC. Principal Place of Business Mailing Address 19569 SW SHEARD'S RD RESPONDED TO SHEARD'S RESPONDED TO SHEARD'S RD RESPONDED TO SHEARD'S RESPONDED TO SHEARD' P.O. BOX 623 24075046 **BLOUNTSTOWN FL 32424** TRANSPORT OF POST 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (11/03) City & State City & State 4. FEI Number Applied For 59-3235960 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SHEARD, GERALDINE B Street Address (P.O. Box Number is Not Acceptable) 19569 SW SHEARDS RD **BLOUNTSTOWN FL 32424** Zip Code City 8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Addition ☐ Delete TITLE ☐ Change NAME. SHEARD, GERALDINE B. NAME 19569 SHEARD'S RD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **BLOUNTSTOWN FL 32424** CITY-ST-ZIP Delete TITLE TITLE Change ☐ Addition NAME MCGLOCKTON, EARLENE B NAME STREET ADDRESS 16480 RIVER ST STREET ADDRESS **BLOUNTSTOWN FL 32424** CITY-ST: ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition DAVIS, RUBY T. STREET ADDRESS 10877 SE HWY 69 S STREET ADDRESS CITY-ST-ZIP **BLOUNTSTOWN FL 32424** CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE DAWSON, VANESSA NAME MANAE 1113 THOMAS DR STREET ADDRESS STREET ADDRESS **BLOUNTSTOWN FL 32424** CITY-ST-ZIP CITY-ST-7IP Delete TITLE Change ☐ Addition TITLE PETERSON, MARJORIE NAME NAME 19503 SE SHEARDS RD STREET ADDRESS STREET ADDRESS **BLOUNTSTOWN FL 32424** CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME * 1864 1 to STREET ADDRESS STREET ADDRESS

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

CITY-ST-ZIP

Programme and Commence

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