

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

02-08-2005 90006 020 \*\*\*150'00  
P94000014197

**FILED**

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



1st MOORE CR2E034 (10/04)

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|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|---------------------|---------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|--|
| <b>DOCUMENT # P94000014197</b><br>1. Entity Name<br><b>M G E R CATERING, INC.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                        |                     |                                                                                                                     |                                                                                                                    |  |
| Principal Place of Business<br>19569 SW SHEARD'S RD<br>BLOUNTSTOWN FL 32424<br>US                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                        |                     | Mailing Address<br>P.O. BOX 623<br>BLOUNTSTOWN FL 32424<br>US                                                       |                                                                                                                    |  |
| 2. Principal Place of Business                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                        | 3. Mailing Address  |                                                                                                                     |                                                                                                                    |  |
| Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                        | Suite, Apt. #, etc. |                                                                                                                     |                                                                                                                    |  |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                        | City & State        |                                                                                                                     |                                                                                                                    |  |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Country                                                                | Zip                 | Country                                                                                                             | 4. FEI Number <b>59-3235960</b><br><input type="checkbox"/> Applied For<br><input type="checkbox"/> Not Applicable |  |
| 5. Certificate of Status Desired <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                        |                     |                                                                                                                     | <b>\$8.75 Additional Fee Required</b>                                                                              |  |
| 6. Name and Address of Current Registered Agent                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                        |                     | 7. Name and Address of New Registered Agent                                                                         |                                                                                                                    |  |
| SHEARD, GERALDINE B<br>19569 SW SHEARDS RD<br>BLOUNTSTOWN FL 32424                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                        |                     | Name _____<br>Street Address (P.O. Box Number is Not Acceptable) _____<br>City _____                                |                                                                                                                    |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                        |                     | FL Zip Code <b>32424</b>                                                                                            |                                                                                                                    |  |
| 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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                        |                     |                                                                                                                     |                                                                                                                    |  |
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2005 Fee Will Be \$550.00</b><br><b>Make Check Payable to Florida Department of State</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                        |                     | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |                                                                                                                    |  |
| 10. OFFICERS AND DIRECTORS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                        |                     | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11                                                               |                                                                                                                    |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | P<br>SHEARD, GERALDINE B.<br>19569 SHEARD'S RD<br>BLOUNTSTOWN FL 32424 |                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | VP<br>MCGLOCKTON, EARLENE B<br>16480 RIVER ST<br>BLOUNTSTOWN FL 32424  |                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | S<br>DAVIS, RUBY T.<br>10877 SE HWY 69 S<br>BLOUNTSTOWN FL 32424       |                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | T<br>DAWSON, VANESSA<br>1113 THOMAS DR<br>BLOUNTSTOWN FL 32424         |                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | M<br>PETERSON, MARJORIE<br>19503 SE SHEARDS RD<br>BLOUNTSTOWN FL 32424 |                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | D<br>Peterson, Debra<br>2106 SE Davis Circle<br>Blountstown, FL 32424  |                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                  |  |
| 12. 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. |                                                                        |                     |                                                                                                                     |                                                                                                                    |  |
| <b>SIGNATURE:</b> <i>Geraldine B. Sheard</i><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                        |                     | 2/2/05 -1850-674-8683<br><small>Date Daytime Phone #</small>                                                        |                                                                                                                    |  |