

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 19, 2006 8:00 am
Secretary of State

01-19-2006 90069 027 ***150.00

DOCUMENT # P94000014197 1. Entity Name M G E R CATERING, INC.					
Principal Place of Business 19569 SW SHEARD'S RD BLOUNTSTOWN, FL 32424 US			Mailing Address P.O. BOX 623 BLOUNTSTOWN, FL 32424 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	01092006 Chg-P CR2E034 (11/05)	
4. FEI Number 59-3235960				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SHEARD, GERALDINE B 19569 SW SHEARDS RD BLOUNTSTOWN, FL 32424			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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: <u><i>Geraldine B. Sheard</i></u> <u><i>Geraldine B. Sheard</i></u> <u>1/14/06</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P SHEARD, GERALDINE B. 19569 SHEARD'S RD BLOUNTSTOWN, FL 32424 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP MCGLOCKTON, EARLENE B 16480 RIVER ST BLOUNTSTOWN, FL 32424 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S DAVIS, RUBY T. 10877 SE HWY 69 S BLOUNTSTOWN, FL 32424 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T DAWSON, VANESSA 1113 THOMAS DR BLOUNTSTOWN, FL 32424 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	Nela M. Wilson <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 16995 NW Charlie John St Blountstown, FL 32424	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	M PETERSON, MARJORIE 19503 SE SHEARDS RD BLOUNTSTOWN, FL 32424 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D PETERSON, DEBRA 20806 SE DAVIS CIR BLOUNTSTOWN, FL 32424 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS 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 exemptions contained 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 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.					
SIGNATURE: <u><i>Geraldine B. Sheard</i></u> <u><i>Geraldine B. Sheard</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<u>1/14/06</u> <u>-674-8683</u> <u>(850)</u> <small>Date Daytime Phone #</small>		