

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Feb 16, 2007 08:00 AM
Secretary of State

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 - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/06)

City & State

City & State

4. FEI Number **59-3235960**

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SHEARD, GERALDINE B
19569 SW SHEARDS RD
BLOUNTSTOWN FL 32424**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Geraldine B Sheard **Geraldine B Sheard**

2/16/07 **2/16/07**

Signature, typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when re-registering)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
NAME **SHEARD, GERALDINE B.**
STREET ADDRESS **19569 SHEARD'S RD**
CITY-STATE-ZIP **BLOUNTSTOWN FL 32424**

TITLE ☐ Change ☐ Addition
NAME **U000000638978**
STREET ADDRESS **02/28/07-80006-024**
CITY-STATE-ZIP **150.00**

TITLE **VP** ☐ Delete
NAME **MCGLOCKTON, EARLENE B**
STREET ADDRESS **16480 RIVER ST**
CITY-STATE-ZIP **BLOUNTSTOWN FL 32424**

TITLE ☐ Change ☐ Addition
NAME ☐ Change ☐ Addition
STREET ADDRESS ☐ Change ☐ Addition
CITY-STATE-ZIP ☐ Change ☐ Addition

TITLE **S** ☐ Delete
NAME **DAVIS, RUBY T.**
STREET ADDRESS **10877 SE HWY 69 S**
CITY-STATE-ZIP **BLOUNTSTOWN FL 32424**

TITLE ☐ Change ☐ Addition
NAME ☐ Change ☐ Addition
STREET ADDRESS ☐ Change ☐ Addition
CITY-STATE-ZIP ☐ Change ☐ Addition

TITLE **T** ☐ Delete
NAME **WILSON, NELA M**
STREET ADDRESS **16995 NW CHARLIE JOHN ST**
CITY-STATE-ZIP **BLOUNTSTOWN FL 32424**

TITLE ☐ Change ☐ Addition
NAME ☐ Change ☐ Addition
STREET ADDRESS ☐ Change ☐ Addition
CITY-STATE-ZIP ☐ Change ☐ Addition

TITLE **M** ☐ Delete
NAME **PETERSON, MARJORIE**
STREET ADDRESS **19503 SE SHEARDS RD**
CITY-STATE-ZIP **BLOUNTSTOWN FL 32424**

TITLE ☐ Change ☐ Addition
NAME ☐ Change ☐ Addition
STREET ADDRESS ☐ Change ☐ Addition
CITY-STATE-ZIP ☐ Change ☐ Addition

TITLE **D** ☐ Delete
NAME **PETERSON, DEBRA**
STREET ADDRESS **20806 SE DAVIS CIR.**
CITY-STATE-ZIP **BLOUNTSTOWN FL 32424**

TITLE ☐ Change ☐ Addition
NAME ☐ Change ☐ Addition
STREET ADDRESS ☐ Change ☐ Addition
CITY-STATE-ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Geraldine B. Sheard* **Geraldine B. Sheard** *2/16/07* **2/16/07** *850674-8683* **850674-8683**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #