

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000014197

Entity Name: M G E R CATERING, INC.

FILED
Mar 13, 2009
Secretary of State

Current Principal Place of Business:

19455 SW MCDANIEL RD
BLOUNTSTOWN
BLOUNTSTOWN, FL 32424 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 623
BLOUNTSTOWN, FL 32424 US

New Mailing Address:

FEI Number: 59-3235960

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SHEARD, GERALDINE B
19569 SW SHEARDS RD
BLOUNTSTOWN, FL 32424 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: P () Delete
Name: SHEARD, GERALDINE B.
Address: 19569 SHEARD'S RD
City-St-Zip: BLOUNTSTOWN, FL 32424

Title: VP () Delete
Name: BATTLE, TARSHA J.M.
Address: 20748 SE SHERRY AV
City-St-Zip: BLOUNTSTOWN, FL 32424

Title: S () Delete
Name: DAVIS, RUBY T.
Address: 10877 SE HWY 69 S
City-St-Zip: BLOUNTSTOWN, FL 32424

Title: T () Delete
Name: WILSON, NELA M
Address: 16995 NW CHARLIE JOHN ST
City-St-Zip: BLOUNTSTOWN, FL 32424

Title: M () Delete
Name: PETERSON, MARJORIE
Address: 19503 SE SHEARDS RD
City-St-Zip: BLOUNTSTOWN, FL 32424

Title: D () Delete
Name: PETERSON, DEBRA
Address: 20806 SE DAVIS CIR.
City-St-Zip: BLOUNTSTOWN, FL 32424

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: GERALDINE B. SHEARD

PD

03/13/2009

Electronic Signature of Signing Officer or Director

Date