2005 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P94000048654

1. Entity Name
CATHY APPLETON, P.A.

Principal Place of Business	Mailing Address
1260 S FEDERAL HWY 201 BOYNTON BEACH, FL 33435 US	1260 S FEDERAL HWY 201 BOYNTON BEACH, FL 33435 US

DO NOT WRITE IN THIS SPACE

03172005   No Chg-P   CR2E034 (10/03)

4. FEI Number	Applied For
65-0503374	Not Applicable

5. Certificate of Status Desired   ☐   **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

APPLETON, CATHY
1260 S. FEDERAL HWY
#201
BOYNTON BEACH, FL 33435

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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)   DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution.   ☐   **$5.00** May Be Added to Fees

U00000299702
04/11/05-80120-008 150.00

10.   OFFICERS AND DIRECTORS

TITLE	P
NAME	APPLETON, CATHY
STREET ADDRESS	1260 S FEDERAL HWY 201
CITY-ST-ZIP	BOYNTON BEACH, FL 33435

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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TITLE	
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CITY-ST-ZIP	

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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.

SIGNATURE: _Cathy Appleton_ Cathy Appleton   4-8-05   (561)369-3525

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #