## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P94000051312

Entity Name: CATO 2007, INC.

FILED Mar 12, 2009 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 

3640 SILVER STAR ROAD ORLANDO, FL 32808

**Current Mailing Address: New Mailing Address:** 

3640 SILVER STAR ROAD ORLANDO, FL 32808

FEI Number: 36-2677263 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

MOYER, PAUL V WHWW, INC 2627 WEST STATE RD. 434 390 N. ORANGE AVENUE SUITE 1500 LONGWOOD, FL 32779 ORLANDO, FL 32801 US

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: /S/ LANCE A. RAGLAND 03/12/2009

> Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Delete Title: (X) Change ( ) Addition HUDDLESTON, CHARLES R HUDDLESTON, CHARLES R Name: Name: 8424 LOST LAKE DRIVE 8424 LOST LAKE DRIVE Address: Address: City-St-Zip: ORLANDO, FL 32817 City-St-Zip: ORLANDO, FL 32817

Title: V, D (X) Change ( ) Addition Title: () Delete Name: TOLF, JAMES S Name: TOLF, JAMES S

3028 PARKWAY BLVD #302 Address: Address:

1407 S. PALMETTO AVENUE SANFORD, FL 32771 KISSIMMEE, FL 34747 City-St-Zip: City-St-Zip:

Title: Title: ( ) Delete S. D ( ) Change (X) Addition

HUDDLESTON, LISA T Name: Name: 8424 LOST LAKE DRIVE Address Address: City-St-Zip: City-St-Zip: ORLANDO, FL 32817

Title: () Delete Title: ( ) Change (X) Addition

HUDDLESTON, LISA T Name: Name: Address: Address: 8424 LOST LAKE DRIVE City-St-Zip: City-St-Zip: ORLANDO, FL 32817

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.

Ρ SIGNATURE: CHARLES R. HUDDLESTON 03/12/2009