

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 27, 2004 08:00 AM
Secretary of State

DOCUMENT # P94000087544

1. Entity Name
CATENA BUILDING INDUSTRY USA, INC.



Principal Place of Business
**924 5TH ST W
PALMETTO, FL 34221 US**

Mailing Address
**924 5TH ST W
PALMETTO, FL 34221 US**

DO NOT WRITE IN THIS SPACE



04222004 No Chg-P CR2E034 (10/03)

4. FEI Number
65-0537044

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**VAN DER KOLK, HANS
1398 BAYSHORE DRIVE
TERRA CEIA, FL 34250**

**DO NOT WRITE
IN THIS SPACE**

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, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	D VAN DER KOLK, HANS 1398 BAYSHORE DRIVE TERRA CEIA, FL 34250
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP ALLENDORF, VINCENT G 924 5TH ST W PALMETTO, FL 34221
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04/27/04-80082-007 150.00

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IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #