


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 01, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P95000024464</b> 1. Entity Name <b>C &amp; B CATRAL CORPORATION</b>	
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Principal Place of Business <b>2621 SE LAKE WEIR AVE OCALA, FL 34471</b>	Mailing Address <b>2621 SE LAKE WEIR AVE OCALA, FL 34471</b>
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**DO NOT WRITE IN THIS SPACE**

04242006 No Chg-P CR2E034 (11/05)

4. FEI Number <b>59-3288075</b>	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

**6. Name and Address of Current Registered Agent**

**CATRAL, BEATRIZ L  
2917 SE 22ND AVE  
OCALA, FL 34471**

**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: *Beatriz L. Catral* **4/26/06**  
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, 2006 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 WOODY, JAMES MATHEW 230 21ST ST DUNBAR, WV 25064
TITLE NAME STREET ADDRESS CITY- ST- ZIP	PCD CATRAL, BEATRIZ L 2917 SE 22ND AVE OCALA, FL 34471
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D CATRAL-WOODY, ROSADALIE 230 21ST ST DUNBAR, WV 25064
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D CATRAL, GUILLERMO L 8727 COCO PLUM PLACE ORLANDO, FL 32827
TITLE NAME STREET ADDRESS CITY- ST- ZIP	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	

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05/11/06-80043-003 150.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: *Beatriz L. Catral* **4/26/06** **3523690770**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #