

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000036744

FILED
Jan 07, 2004
Secretary of State

Entity Name: KATHCAR & ASSOCIATES, INC.

Current Principal Place of Business:

5333 SW 9TH PLACE
CAPE CORAL, FL 33914 US

New Principal Place of Business:

Current Mailing Address:

5333 SW 9TH PLACE
CAPE CORAL, FL 33914 US

New Mailing Address:

FEI Number: 65-0582042 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WINFIELD, ARLINE
5333 SW 9TH PLACE
CAPE CORAL, FL 33914 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: PD () Delete
Name: WINFIELD, ARLINE
Address: 5333 SW 9TH PLACE
City-St-Zip: CAPE CORAL, FL 33914 US

Title: D () Delete
Name: RAINWATER, JOHN
Address: 5333 SW 9TH PLACE
City-St-Zip: CAPE CORAL, FL 33914 US

Title: V () Delete
Name: WINFIELD, CAROLYN
Address: 1365 FAR DRIVE
City-St-Zip: CORDOVA, TN 38018

Title: ST () Delete
Name: WINFIELD, KATHLEEN
Address: 1016 FRIARS GATE BLVD
City-St-Zip: IRMO, SC 29063

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:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: ARLINE WINFIELD

PD

01/07/2004

Electronic Signature of Signing Officer or Director

Date