


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 31, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P95000080420</b> 1. Entity Name BUFFALO BILL'S CATERING SERVICES, INC.	
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Principal Place of Business 455 US 41 BYPASS NORTH VENICE, FL 34285	Mailing Address 455 US 41 BYPASS NORTH VENICE, FL 34285
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**DO NOT WRITE IN THIS SPACE**



01202005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3361694	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent  
  
STEINWACHS, GARY R  
455 US 41 BYPASS NORTH  
VENICE, FL 34285

**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 \_\_\_\_\_


<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$350.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	1100000207360 02/01/05-80043-002 150.00
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY- ST- ZIP	PS STEINWACHS, GARY R 205 GULF AVENUE NOKOMIS, FL
TITLE NAME STREET ADDRESS CITY- ST- ZIP	VPT STEINWACHS, LUCINDA A 205 GULF AVENUE NOKOMIS, FL
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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:**  **1-28-2005 941485-8807**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #