

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000083565

Entity Name: LITTLE PIG CATERING, INC.

FILED  
Jan 13, 2009  
Secretary of State

## Current Principal Place of Business:

1471 LEE ROAD  
WINTER PARK, FL 32892 US

## New Principal Place of Business:

5818 CONROY ROAD  
ORLANDO, FL 32835 US

## Current Mailing Address:

C/O PAULA BOWERS  
1471 LEE ROAD  
WINTER PARK, FL 32892 US

## New Mailing Address:

5818 CONROY ROAD  
ORLANDO, FL 32835 US

FEI Number: 59-3404655

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

NEUKAMM, MICHAEL E  
301 EAST PINE STREET  
SUITE 1400  
ORLANDO, FL 32801 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: DP ( ) Delete  
Name: WESTON, ALFRED S  
Address: 1171 AUDUBON WAY  
City-St-Zip: MAITLAND, FL 32751

Title: DV ( ) Delete  
Name: WHEELER, CLARENCE  
Address: 5720 PADGETT CIRCLE  
City-St-Zip: ORLANDO, FL 32839

Title: DST ( ) Delete  
Name: BOWERS, PAULA  
Address: 219 RIPPLING LANE  
City-St-Zip: WINTER PARK, FL 32789

## 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:

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.

SIGNATURE: PAULA BOWERS

DST

01/13/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date