

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**

**Apr 28, 2006 08:00 AM**  
**Secretary of State**

|   |  |                                 |   |   |  |
|---|--|---------------------------------|---|---|--|
| <b>DOCUMENT # P97000097050</b><br>1. Entity Name<br><b>CATHY NADEAU REALTY, INC.</b>  |  |                                 |   |   |  |
| Principal Place of Business<br><b>9594-A SE MARICAMP RD.<br/>OCALA FL 34472</b>   |  |                                 | Mailing Address<br><b>9594-A SE MARICAMP RD.<br/>OCALA FL 34472</b> |   |  |
| 2. Principal Place of Business<br>Suite, Apt. #, etc.   |  |                                 | 3. Mailing Address<br>Suite, Apt. #, etc.                           |   |  |
| City & State  |  |                                 | City & State  |   |  |
| Zip   |  | Country                         |   | Zip   |  |
| Country   |  | Country                         |   | 4. FEI Number<br><b>59-3476874</b>  |  |
| 6. Name and Address of Current Registered Agent<br><br><b>TRENTELMAN, JOHN C<br/>207 NORTH MAGNOLIA AVENUE<br/>OCALA FL 34470</b>   |  |                                 |   | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City |  |
| 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 _____<br><small>Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>  |  |                                 |   |   |  |
| <div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <b>FILE NOW!!! FEE IS \$150.00</b><br/> <b>After May 1, 2006 Fee Will Be \$550.00</b><br/> <b>Make Check Payable to Florida Department of State.</b> </div> <div style="width: 35%;">         9. Election Campaign Financing<br/>         Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees       </div> </div> |  |                                 |   |   |  |
| 10. OFFICERS AND DIRECTORS  |  |                                 | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11               |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | P<br>NADEAU, CATHY A<br>2531 S.E. 41 STREET<br>OCALA FL 34480  | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | ST<br>NADEAU, CATHY A<br>2531 S.E. 41 STREET<br>OCALA FL 34480 | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                      | U00000545321 <input type="checkbox"/> Change <input type="checkbox"/> Addition<br>05/11/06-80073-006 150.00       |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete                                | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete                                | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete                                | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete                                | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |



1st MOORE CR2E034 (10/05)

**FL** | Zip Code

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:** Cathy A. Nadeau President 4/21/06 352-732-3565  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #