2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000101680

Entity Name: KATIE BEE, INC.

FILED Apr 19, 2005 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

2833 HWY 92 EAST 200 NW PHOSPHATE BLVD LAKELAND, FL 33801 MULBERRY, FL 33860

Current Mailing Address: New Mailing Address:

POST OFFICE BOX 2766 PO BOX 497

LAKELAND, FL 33806 US MULBERRY, FL 33860 US

FEI Number: 59-3491686 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

DALTON, OSCAR D III BADCOCK, WOGAN S III 2833 HWY 92 EAST PO BOX 497

LAKELAND, FL 33801 US MULBERRY, FL 33860 US

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: WOGAN S. BADCOCK III 04/19/2005

> Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete Title: (X) Change () Addition

DALTON, OSCAR D III BADCOCK, WOGAN S III Name: Name: 403 MIRAMAR DRIVE PO BOX 497

Address: Address: City-St-Zip: LAKELAND, FL 33803 City-St-Zip: MULBERRY, FL 33860

VD (X) Delete Title:

Title: () Change () Addition Name: TUCKER, THOMAS R Name:

1435 HOLLINGSWORTH OAKS DR Address: Address: LAKELAND, FL 33803 City-St-Zip: City-St-Zip:

Title: Title: SD (X) Delete () Change () Addition

BADCOCK, WOGAN S III Name: Name: 3529 CREWS LAKE DRIVE Address: Address: City-St-Zip: LAKELAND, FL 33813 City-St-Zip:

Title: ASD () Delete Title: (X) Change () Addition

SPINKS, JOHN W JR SPINKS, JOHN W JR Name: Name: Address: 5393 CALLAWAY ST Address: 5393 CALLAWAY ST

City-St-Zip: City-St-Zip: PORT CHARLOTTE, FL 33981 PORT CHARLOTTE, FL 33981

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: WOGAN S. BADCOCK III PTD 04/19/2005