


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2004 08:00 AM
Secretary of State

DOCUMENT # P98000025365 1. Entity Name KATHERINE OF CANTERBURY, INC.	
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Principal Place of Business 2919 WEST BAY DR. BELLEAIR BLUFFS, FL 34640	Mailing Address 2919 WEST BAY DR. BELLEAIR BLUFFS, FL 34640
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

03182004 Chg-P CR2E034 (10/03)

4. FEI Number **59-3500063** Applied For ☐ Not Applicable ☒

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent PLATTE, DAVID E 603 INDIAN ROCKS ROAD BELLEAIR, FL 34616	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL Zip Code

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 fee if applicable) (Initials: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS													
<table border="1"> <tr> <td>TITLE</td> <td>DPST</td> <td><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>WELLS, DEBORAH L</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>2919 WEST BAY DR.</td> <td></td> </tr> <tr> <td>CITY ST ZIP</td> <td>BELLEAIR BLUFFS, FL 34640</td> <td></td> </tr> </table>	TITLE	DPST	<input type="checkbox"/> Delete	NAME	WELLS, DEBORAH L		STREET ADDRESS	2919 WEST BAY DR.		CITY ST ZIP	BELLEAIR BLUFFS, FL 34640		
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10													
<table border="1"> <tr> <td>TITLE</td> <td></td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY ST ZIP</td> <td></td> <td></td> </tr> </table>	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY ST ZIP			<p>U000000121930 04/21/04-80009-001 150.00</p>
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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: *Deborah Wells* *Deborah Wells* **04-19-04 727-589-0157**