

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT (AR)**

DOCUMENT # P98000076053

1. Entity Name

FIRST CHOICE CATERING, INC.



**FILED  
Feb 13, 2007 8:00 am  
Secretary of State**

02-13-2007 90014 041 \*\*\*150.00



1st MOORE CR2E034 (10/06)

Principal Place of Business  
444 REID STREET  
SARASOTA FL 34233

Mailing Address  
1863 MID OCEAN CIRCLE  
SARASOTA FL 34239

2. Principal Place of Business - No P.O. Box #  
**1863 Mid Ocean Circle**

3. Mailing Address  
**1863 Mid Ocean Circle**

Suite, Apt. #, etc.

City & State  
**Sarasota, FL**

Zip  
**34239**

Country  
**Sarasota**

City & State  
**Sarasota, FL 34239**

4. FEI Number  
**65-0869474**

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**SHULTS, THOMAS D  
3700 S TAMiami TRAIL STE 201  
SARASOTA FL 34239**

7. Name and Address of New Registered Agent

Name  
**Henry Schnathmann**

Street Address (P.O. Box Number is Not Acceptable)  
**1863 Mid Ocean Circle**

City  
**Sarasota**

FL Zip Code  
**34239**

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 Henry Schnathmann

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2007 Fee Will Be \$550.00  
Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-SI-ZIP	<b>PD</b> SCHNATHMANN, HENRY A 1863 NO. OCEAN CIR SARASOTA FL 34239	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-SI-ZIP
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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: Henry A. Schnathmann, Pres.

1/29/07 (941) 922-3402

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #