
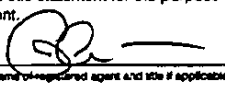
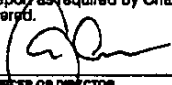


2005 FOR PROFIT CORPORATION ANNUAL REPORT

07-07-2005 90006 003 ***150.00
P99000076497

FILED
AUG -10 AM 8:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000076497 1. Entity Name CATHCART EQUIPMENT COMPANY		
Principal Place of Business 1757 W. BROADWAY STREET SUITE 3 OVIEDO, FL 32765		Mailing Address PO BOX 195788 WINTER SPRINGS, FL 32719
2. Principal Place of Business 6972 Aloma AVE	3. Mailing Address Suite, Apt. #, etc.	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
City & State WINTER PARK FL		City & State
Zip 32792	Country US	Zip Country
6. Name and Address of Current Registered Agent CATHEART, JOHN 733 ADIDAS ROAD WINTER SPRINGS, FL 32708		7. Name and Address of New Registered Agent Name John Cathcart Street Address (P.O. Box Number is Not Acceptable) 6972 ALOMA AVE City Winter Park FL Zip Code 32792
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:  JOHN T. CATHCART, President DATE: 6.15.05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reissuing)</small>		
FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVST <input type="checkbox"/> Delete CATHCART, JOHN 733 ADIDAS ROAD WINTER SPRINGS, FL 32708	TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP 6972 ALOMA AVE WINTER PARK FL 32792
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
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: 		DATE: 6.15.05 (407) DAYTIME PHONE #: 341-6465

20061797



06152005 Chg-P CR2E034 (10/03)

4. FEI Number **59-3593425** Applied For Not Applicable

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

spelling "e" should be a "c" →

AUG 10 2005