

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000101570

Entity Name: CATCH-A-FIRE, INC.

FILED  
Mar 05, 2009  
Secretary of State

## Current Principal Place of Business:

4770 110TH AVE.N  
UNIT 15  
ST PETERSBURG, FL 33762

## Current Mailing Address:

PO BOX 12695  
ST.PETERBURG, FL 33733

## New Principal Place of Business:

4770 110TH AVE.N  
UNIT 15  
CLEARWATER, FL 33762

## New Mailing Address:

FEI Number: 59-3609058      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SUTHERLAND, NORMAN  
4770 110 TH AVE.N  
ST PETERSBURG, FL 33762      US

## Name and Address of New Registered Agent:

SUTHERLAND, NORMAN  
4770 110 TH AVE.N UNIT 15  
CLEARWATER, FL 33762      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:

03/05/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: DPT ( ) Delete  
Name: SUTHERLAND, NORMAN  
Address: 4770 110 AVE.N  
City-St-Zip: ST PETERSBURG, FL 33762

Title: S ( ) Delete  
Name: SUTHERLAND, MARJORIE O  
Address: 4770 110 AVE.N  
City-St-Zip: SAINT PETERSBURG, FL 33762

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPT (X) Change ( ) Addition  
Name: SUTHERLAND, NORMAN  
Address: 4770 110 AVE.N UNIT 15  
City-St-Zip: CLEARWATER, FL 33762

Title: S (X) Change ( ) Addition  
Name: SUTHERLAND, MARJORIE O  
Address: 4770 110 AVE.N UNIT 15  
City-St-Zip: CLEARWATER, FL 33762

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: NORMAN SUTHERLAND

DPT

03/05/2009

Electronic Signature of Signing Officer or Director

Date