

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 22, 2007 8:00 am
Secretary of State

03-22-2007 90013 041 ***150.00

DOCUMENT # V36010					
1. Entity Name CATHERINE'S COLLECTIBLES, INC.					
Principal Place of Business 5435 TAMiami TRAIL N SUITE 410 NAPLES, FL 34108			Mailing Address 5435 TAMiami TRAIL N SUITE 410 NAPLES, FL 34108		
2. Principal Place of Business - No P.O. Box # 4301 GULF SHORE BLVD. N.		3. Mailing Address 4301 GULF SHORE BLVD. N.			
Suite, Apt. #, etc. STE. 902		Suite, Apt. #, etc. STE. 902			
City & State NAPLES, FL		City & State NAPLES, FL			
Zip 34103		Country U.S.A.		Zip 34103	
Country U.S.A.		4. FEI Number 65-0332196			
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MCLAUGHLIN, JAMES L 4301 GULF SHORE BLVD N., #902 NAPLES, FL 34103			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 JAMES L. MCLAUGHLIN 3/15/07 <small>(NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 - ST - ZIP	PD MCLAUGHLIN, M. CATHERINE 4301 GULF SHORE BLVD N #902 NAPLES, FL 34103	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD MCLAUGHLIN, JAMES L. 4301 GULF SHORE BLVD N #902 NAPLES, FL 34103	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: JAMES L. MCLAUGHLIN Date: 3/15/07 (239) 261-4022		