## **2004 FOR PROFIT CORPORATION ANNUAL REPORT**

## **FILED** Mar 16, 2004 8:00 am Secretary of State 03-16-2004 90016 042 \*\*\*150.00

DOCUMENT # F9700006418  1. Entity Name KAYTEE PRODUCTS INCORPORATED						a a n	)17 <b>9</b> 0!		
Principal Place	of Business	Mailing Address				330	4 7 30	J	
3697 MT DIA		3697 MT DIABLO BLD					•	Ŷ	,
#310 Lafayette, C	#310 Lafayette, ca 94549	HATAYETTE, CA 94549 US			11   <b>         </b>	T 88111 88118 81118	DISELUISUK IDIK	31      101	
2. Principal Pla	ace of Business	3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			03052004	Chg-P	CR2E034	1 (10/03)	
City & State		City & State			4. FEI Number 39-03994	190		<del></del>	plied For t Applicable
Zip	Country	Zip	Count	ry	5. Certificate of	Status Desired		8.75 Addi ee Required	
	6. Name and Address of Current	Registered Agent	,	-	7. Name and A	dress of New R	egistered Ag	ent	
•		Name							
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324				Street Address (P.O. Box Number is Not Acceptable)					
				City	FL Zip Code			•	
	named entity submits this statement follows of registered agent.	r the purpose of changing its	registere	d office or re	gistered agent, or both,	in the State of Flo	orida. I am fa	miliar with, a	and accept
SIGNATURE_	Signature, typed or printed name of registered agent.	and title if applicable (NOT	F- Registerer	Agent signature r	equired when reinstating)		DATE		
*	alginions, types or private table or registered agents	and the fraphicable.	L. Tiogration	r gant aignature	adores en remaining)				
FIL	E NOW!!! FEE IS \$150.00 ay 1, 2004 Fee will be \$550.0	9. Election Campa Trust Fund Con	_	cing	\$5.00 May Be Added to Fees				
10.	OFFICERS AND	DIRECTORS	11.		ADDITIONS/CI	HANGES TO OFF	ICERS AND I	DIRECTORS	3 IN 11
TITLE	PD	☐ Delete	TITLE					Change	Addition
NAME	BEST, RICHARD		NAM	<u> </u>				-	
STREET ADDRESS	3697 MT DIABLO BLD		STRE	ET ADDRESS					
CITY-ST-ZIP	LAFAYETTE, CA 94549		CITY	·ST-ZIP					
TITLE	ST	☐ Delete	TITLE					☐ Change	☐ Addition
NAME	GEDMAN, STACY		NAM.						_
STREET ADDRESS	3697 MT DIABLO BLD		STRE	ET ADDRESS					
CITY-ST-ZIP	LAFAYETTE, CA 94549		CITY	-ST-ZIP					
TITLE	CD	Delete	TITLE	ī	PIRECTOR			☐ Change	Addition
NAME	BROWN, WILLIAM	بالاستهاد و	NAM	E	REED, MICHAEL	-A ( <u>-</u>	- , <del>- ,</del>		
STREET ADDRESS	3697 MT DIABLO BLD		STRE	ET ADDRESS	3697 MT DIABL	OBLD			
CITY-ST-ZIP	LAFAYETTE, CA 94549		CITY	-ST-ZIP	lafayette, ca	94549			
TITLE	AS	☐ Delete	TITU	. [D	IRECTOR, SECR	etary		Change	☐ Addition
NAME	BOOTH, STUART W		NAM	E	BOOTH, STUART	W			
STREET ADDRESS	3697 MT DIABLO BLD			ET ADDRESS	3697 MT DIAP	(الع ماد			
CITY-ST-ZIP	LAFAYETTE, CA 94549	·	CITY	-ST-ZIP	LAFAYBITE, C	A 74549			
TITLE	D	Delete	TITL	1				Change	Addition
NAME	NOVOTNY, GLENN W		NAM						
STREET ADDRESS	3697 MT DIABLO BLD		1	ET ADDRESS					
CITY-ST-ZIP	LAFAYETTE, CA 94549			- ST- ZIP					
TITLE	ASTD	☐ Delete	TITLE	ı,				Change	Addition
NAME CINCET +DODGEC	KANE, TIMOTHY J		NAM						
STREET ADDRESS CITY-ST-ZIP	3697 MT DIABLO BLD		4	ET ADORESS -ST-ZIP					
OHITSI##F									
10 15	LAFAYETTE, CA 94549  certify that the information supplied with lon this report or supplemental report is	a thin filling does not asset for			Lie Cention 110 07/07/0	Florida Statuta	I from here are an	6 . Ab ant 45 - 1	-f

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR