


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jun 02, 2008 08:00 AM
Secretary of State

DOCUMENT # N01000005564
 1. Entity Name
CASTING FOR CATS, INC.



Principal Place of Business Mailing Address
174 OCALA DR **PO BOX 650**
TAVERNIER FL 33070 **ISLAMORADA FL 33036**



1st MOORE CR2E037 (10/07)

2. Principal Place of Business - No P.O. Box # 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 City & State City & State
 Zip Country Zip Country

4. FEI Number Applied For
65-1147691 Not Applicable
 5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
MAHONEY-ELLENWOOD, SHARON
174 OCALA DR
TAVERNIER FL 33070

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: *Sharon Mahoney-Ellenwood - May 2008*
Signature, typed or printed name of registered agent, and Title (Facilitator) (NOTE: Registered Agent signature required when a corporation) DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2008

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

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D <input type="checkbox"/> Delete MAHONEY-ELLENWOOD, SHARON 174 OCALA DR TAVERNIER FL 33070
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D <input type="checkbox"/> Delete BROWNLEE, POPPY 138 MILANO DRIVE ISLAMORADA FL 33036
TITLE NAME STREET ADDRESS CITY- ST- ZIP	T <input type="checkbox"/> Delete SNOWMAN, RACHEL 157 VENETIAN WAY ISLAMORADA FL 33036
TITLE NAME STREET ADDRESS CITY- ST- ZIP	T <input type="checkbox"/> Delete FORTUNE, DORIS 108 EAST CARROLL ST ISLAMORADA FL 33036
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 000000952630 06/04/08-80089-009 70.00
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"/> Change <input type="checkbox"/> Addition
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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 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 617, 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: *Sharon Mahoney-Ellenwood May 2008 305-6642012*