2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 06, 2004 08:00 AM
Secretary of State

DOCUMENT # N32769

1. Entity Name
ORCAT, INC.

Principal Place of Business	Mailing Address
24 DROCKSIDE LANE #8 KEY LARGO, FL 33037 US	P.O. BOX 1578 KEY LARGO, FL 33037 US

01132004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0125916
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

OVERFIELD, RICHARD L
116 PLANTATION SHORES DR
TAVERNIER, FL 33070

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2004

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

10. OFFICERS AND DIRECTORS

TITLE	VPD
NAME	WINKELJOHN, PAUL
STREET ADDRESS	24 DROCKSIDE LANE #505
CITY-ST-ZIP	KEY LARGO, FL 33037
TITLE	TSD
NAME	VOSS, BILL
STREET ADDRESS	24 DROCKSIDE LANE #8
CITY-ST-ZIP	KEY LARGO, FL 33037
TITLE	VPD
NAME	APPLIN, LEE LEE
STREET ADDRESS	10 EXUMA RD
CITY-ST-ZIP	KEY LARGO, FL 33037
TITLE	P
NAME	STORM, JOHN
STREET ADDRESS	15 CALUSA RD
CITY-ST-ZIP	KEY LARGO, FL 33037
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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 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: William E Vass 2-3-04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #