

**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N05000006021

**Entity Name:** CANDY'S CATS, INC.**Current Principal Place of Business:**307 W. MAIN STREET  
APOPKA, FL 32712**Current Mailing Address:**P. O. BOX 608444  
ORLANDO, FL 32860-8444 US**FEI Number:** 32-0151744**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**SULLIVAN, CANDACE  
307 W. MAIN STREET  
APOPKA, FL 32712 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:**\_\_\_\_\_  
Electronic Signature of Registered Agent\_\_\_\_\_  
Date**Officer/Director Detail :**

Title	PRESIDENT
Name	SULLIVAN, CANDACE
Address	625 NEUMANN VILLAGE COURT
City-State-Zip:	OCOE FL 34761

Title	SECRETARY
Name	WILSON, ELAINE
Address	625 NEUMANN VILLAGE COURT
City-State-Zip:	OCOE FL 34761

Title	TREASURER
Name	HOCH, DEBORAH KAY
Address	307 W. MAIN STREET
City-State-Zip:	APOPKA FL 32712

Title	DIRECTOR
Name	BAGLEY SHAND, KRISTIN
Address	307 W. MAIN STREET
City-State-Zip:	APOPKA FL 32712

Title	DIRECTOR
Name	GROVAC, BRANDI
Address	307 W. MAIN STREET
City-State-Zip:	APOPKA FL 32712

Title	DIRECTOR
Name	DAROZA, JUSTIN
Address	307 W. MAIN STREET
City-State-Zip:	APOPKA FL 32712

Title	DIRECTOR
Name	MIKKOLA, MICHELLE R
Address	625 NEUMANN VILLAGE COURT
City-State-Zip:	OCOE FL 34761

*I hereby 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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** CANDACE SULLIVAN**PRESIDENT****04/19/2018**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date