



2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2004 8:00 am
Secretary of State

04-19-2004 90298 044 ***150.00

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|---|--|--|---|---|--|
| DOCUMENT # F00000002218 1. Entity Name CAT 'N' HAT ENTERPRISES, INC. | | | |  | |
| Principal Place of Business 1921 S.E. MANTH LANE PORT ST. LUCIE, FL 34983 | | | Mailing Address 1921 S.E. MANTH LANE PORT ST. LUCIE, FL 34983 | | |
| 2. Principal Place of Business PO BOX 485 Suite, Apt. #, etc. | | 3. Mailing Address PO BOX 485 Suite, Apt. #, etc. | |  | |
| City & State STUART, FL | | City & State STUART FL | | 4. FEI Number 65-0827635 | |
| Zip 34995 | | Country MARTIN | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent ANDERSON-THOMAS, HEIDI 1921 SE MANTH LANE PORT SAINT LUCIE, FL 34983 | | | | 7. Name and Address of New Registered Agent Name SAME Street Address (P.O. Box Number is Not Acceptable) 2906 SE GARDEN STREET City STUART FL Zip Code 34997 | |
| 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 HEIDI K ANDERSON-THOMAS PRESIDENT <i>Heidi K Anderson-Thom</i> DATE 4/16/04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2004 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 | PTCD ANDERSON-THOMAS, HEIDI K 1921 S.E. MANTH LANE PORT ST. LUCIE, FL 34983 <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD ANDERSON-THOMAS, CARLTON 1921 S.E. MANTH LANE PORT ST. LUCIE, FL 34983 <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
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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 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: Heidi K Anderson-Thom <i>Heidi K Anderson-Thom</i> DATE 4/16/04 772/343-1662 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | | | |