

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 MAR 23 AM 8:00

DOCUMENT # F94000005728

1. Entity Name
ORGANOCAT, INCORPORATED



Principal Place of Business
23371 BLUE WATER CIR
APT C 415
BOCA RATON, FL 33433 US

Mailing Address
23371 BLUE WATER CIR
APT C 415
BOCA RATON, FL 33433 US

DO NOT WRITE IN THIS SPACE



03112004 No Chg-P CR2E034 (10/03) *MRB*

4. FEI Number
52-0915769

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

HETTINGER, WILLIAM P JR, PHD
23371 BLUE WATER CIR APT C 416
BOCA RATON, FL 33433

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IN THIS SPACE

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

William P. Hettinger

(NOTE: Registered Agent signature required when reinstating)

3/18/04
DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PTCO
NAME HETTINGER, WILLIAM P JR, PHD
STREET ADDRESS 2337 BLUE WATER CIR APT C 416
CITY-ST-ZIP BOCA RATON, FL 33433

TITLE VSVC
NAME HETTINGER, ALICE M
STREET ADDRESS 23371 BLUE WATER CIR APT C 416
CITY-ST-ZIP BOCA RATON, FL 33433

TITLE D
NAME HETTINGER, SCOTT
STREET ADDRESS 23371 BLUE WATER CIR APT C 416
CITY-ST-ZIP BOCA RATON, FL 33433

TITLE D
NAME INSERRA, DIANA L
STREET ADDRESS 23371 BLUE WATER CIR APT C 416
CITY-ST-ZIP BOCA RATON, FL 33433

TITLE D
NAME HETTINGER, WILLIAM P. I
STREET ADDRESS 23371 BLUE WATER CIR APT C 416
CITY-ST-ZIP BOCA RATON, FL 33433

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

500031519465
03/30/04--01070--003 **150.00

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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:

William P. Hettinger
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/18/04
Date

561-392-9183
Daytime Phone