

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**APPROVAL**  
**Feb 23, 2004 08:00 AM**  
**Secretary of State**

DOCUMENT # F98000004141

1. Entity Name  
CAT VI, INC.



Principal Place of Business  
BOX 601392  
DALLAS TX 75360-139

Mailing Address  
BOX 601392  
DALLAS TX 75360-139

Property # \_\_\_\_\_  
1. \_\_\_\_\_  
2. \_\_\_\_\_  
3. \_\_\_\_\_  
4. \_\_\_\_\_  
5. \_\_\_\_\_  
6. \_\_\_\_\_

Total: \_\_\_\_\_  
Manager: \_\_\_\_\_

Management: \_\_\_\_\_  
Account: \_\_\_\_\_  
Entered: \_\_\_\_\_ Date: \_\_\_\_\_

MOORE CR2E034 (11/03)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 75-2772712

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DTP  
NAME BECK, BRADFORD B ☐ Delete  
STREET ADDRESS BOX 601392  
CITY-ST-ZIP DALLAS TX 75360-139

TITLE NAME ☐ Change ☐ Addition  
NAME UN00000061629  
STREET ADDRESS 02/23/04-80088-011 150.00  
CITY-ST-ZIP

TITLE DV  
NAME AMES, CHARLES D ☐ Delete  
STREET ADDRESS BOX 601392  
CITY-ST-ZIP DALLAS TX 75360-139

TITLE NAME ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE S  
NAME BECK, SALLIE ☐ Delete  
STREET ADDRESS BOX 601392  
CITY-ST-ZIP DALLAS TX 75360-139

TITLE NAME ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 am 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:

*Beck, President*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-16-04 972-485-2678

Date

Daytime Phone #