

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2004 8:00 am
Secretary of State

04-02-2004 90067 014 ***150.00

DOCUMENT # G51898

1. Entity Name
MO-CAT, INC.



Principal Place of Business
**47 RIVER RIDGE TRAIL
ORMOND BCH., FL 32174 US**

Mailing Address
**37 WIND-SONG
FAIRVIEW, NC 28730 US**

24033537



2. Principal Place of Business

**201 S. Ocean Grande Dr
Suite, Apt. #, etc.
#305
City & State
Porto Viedra Bch, FL
Zip
32082
Country
USA**

3. Mailing Address

**201 S. Ocean Grande Dr
Suite, Apt. #, etc.
#305
City & State
Porto Viedra Bch, FL
Zip
32082
Country**

01152004 Chg-P CR2E034 (10/03)

4. FEI Number
59-2306568

Applied For
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**BABCOCK, ANDREA
226 TREE LINE LANE
ORMOND BEACH, FL 32174**

7. Name and Address of New Registered Agent

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**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete
NAME **DP**
STREET ADDRESS **HATASKY, MORRIS**
CITY-ST-ZIP **47 RIVER RIDGE TRAIL**
ORMOND BCH., FL

TITLE ☐ Delete
NAME **DST**
STREET ADDRESS **HATASKY, TRACY**
CITY-ST-ZIP **47 RIVER RIDGE TRAIL**
ORMOND BEACH, FL

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **201 S. Ocean Grande Dr #305**
CITY-ST-ZIP **Porto Viedra Bch, FL 32082**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **201 S. Ocean Grande Dr #305**
CITY-ST-ZIP **Porto Viedra Bch, FL 32082**

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

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

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

TITLE ☐ 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 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:

Tracy Hatalsky
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/15/04
Date

904/824-9495
Daytime Phone #