## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H39978

Entity Name: STRAY CAT, INC.

FILED Apr 12, 2005 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

C/O CHRISTOPHER BARRON

103 BEE STREET

PLANTATION KEY, FL 33070

C/O CHRISTOPHER BARRON

106 CORAL AVENUE

TAVERNIER, FL 33070

Current Mailing Address: New Mailing Address:

C/O CHRISTOPHER BARRON
103 BEE STREET
PLANTATION KEY, FL 33070

C/O CHRISTOPHER BARRON
106 CORAL AVENUE
TAVERNIER, FL 33070

FEI Number: 59-2522760 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

BARRON, CHRISTOPHER

103 BEE STREET

PLANTATION KEY, FL 33070 US

BARRON, CHRISTOPHER

106 CORAL AVENUE

TAVERNIER, FL 33070 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: 04/12/2005

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

Title: PVD ( ) Delete
Name: BARRON, CHRISTOPHER,

Address: 103 BEE ST.
City-St-Zip: PLANTATION KEY, FL

Title: STD ( ) Delete Name: BARRON, CHRISTINE, Address: 103 BEE ST.

City-St-Zip: PLANTATION KEY, FL

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PVD (X) Change ( ) Addition
Name: BARRON, CHRISTOPHER,
Address: 106 CORAL AVENUE
City-St-Zip: TAVERNIER, FL 33070

Title: STD (X) Change () Addition

Name: BARRON, CHRISTINE, Address: 106 CORAL AVENUE City-St-Zip: TAVERNIER, FL 33070

I hereby certify that the information supplied with this filing does not qualify for the 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 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHRISTINE BARRON STD 04/12/2005