

2004 FORT PROUD CORPORATION
ANNUAL REPORT

DOCUMENT # K48309

1. Entity Name
C.A.T.S. GYMNASTICS, INC.



FILED
Mar 31, 2004 8:00 am
Secretary of State

03-31-2004 90003 022 ***150.00

Principal Place of Business

6451 E ROGERS CIR
BAY 9
BOCA RATON, FL 33487 US

Mailing Address

~~53 SPANISH RIVER DR~~
~~BOYNTON BEACH, FL 33435~~

SAME

04064313



DO NOT WRITE IN THIS SPACE

02192004 No Chg-P CR2E034 (10/03)

4. FEI Number
65-0089741

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HOWISON, CAROLE
53 SPANISH RIVER DR
BOYNTON, FL 33435

**DO NOT WRITE
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

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	PT
NAME	HOWISON, CAROLE
STREET ADDRESS	53 SPANISH RIVER DR 7142 Ivy Crossing
CITY-ST-ZIP	BOYNTON BEACH, FL 33435 36
TITLE	VS
NAME	HOWISON, TERRY
STREET ADDRESS	53 SPANISH RIVER DR 7142 Ivy Crossing
CITY-ST-ZIP	BOYNTON BEACH, FL 33435 36
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Carole Howison

3/23/04 5619977411