

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

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

03-02-2004 90141 001 ****50.00

DOCUMENT # L00000012445

1. Entity Name

PRO CAT BOAT COMPANY, LLC



Principal Place of Business

Mailing Address

~~31790 US HWY. 19 N., APT. 99~~
~~PALM HARBOR FL 34684~~

~~31790 US HWY. 19 N., APT. 99~~
~~PALM HARBOR FL 34684~~

2. Principal Place of Business

1155 DARTFORD DR

3. Mailing Address

1155 DARTFORD DR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

TARPON SPRINGS, FLA

City & State

TARPON SPRINGS, FLA

Zip

34688

Country

U.S.A.

Zip

34688

Country

U.S.A.

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KASATSHKO, VICTOR
31790 US HWY. 19 N., APT. 99
PALM HARBOR FL 34684

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 \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2004

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGR
NAME KASATSHKO, VICTOR
STREET ADDRESS 31790 US HWY. 19 N., APT. 99
CITY-ST-ZIP PALM HARBOR FL 34684

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE MGR
NAME KASATSHKO, ANATOLE
STREET ADDRESS 1130 N DEARBORN ST., APT 1912
CITY-ST-ZIP CHICAGO IL 60610-7119

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

VICTOR KASATSHKO

2/25/04 727-420-6880

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #