

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L85451

Entity Name: KATO SALES, INC.

FILED
Apr 29, 2004
Secretary of State

Current Principal Place of Business:

% KATHLEEN A. SLABY
855 FRANKLIN ST.
ALTAMONTE SPRINGS, FL 32701

New Principal Place of Business:

Current Mailing Address:

% KATHLEEN A. SLABY
855 FRANKLIN ST.
ALTAMONTE SPRINGS, FL 32701

New Mailing Address:

FEI Number: 59-3141176

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

SLABY, KATHLEEN A.
855 FRANKLIN ST.
ALTAMONTE SPRINGS, FL 32701

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: VD () Delete
Name: SLABY, KATHLEEN A.,
Address: 855 FRANKLIN ST.
City-St-Zip: ALTAMONTE SPRGS, FL

Title: VD () Delete
Name: SLABY, ANDREA J
Address: 329 SILVER PINE DR
City-St-Zip: LAKE MARY, FL 32746

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VD () Change (X) Addition
Name: HOEQUIST, CHARLES A ESQX
Address: 3113 LAWTON RD.
City-St-Zip: ORLANDO, FL 32803

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: KATHLEEN A. SLABY

VD

04/29/2004

Electronic Signature of Signing Officer or Director

Date