2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2009
Secretary of State

DOCUMENT# L85451

Entity Name: KATO SALES, INC.

Current Principal Place of Business:

% KATHLEEN A. SLABY
1101 CENTRAL PARK
SANFORD, FL 32771

New Principal Place of Business:

% KATHLEEN A. SLABY
1723 TRAVERTINE TERRACE
SANFORD, FL 32771

Current Mailing Address:

% KATHLEEN A. SLABY
PO BOX 150323
ALTAMONTE SPRINGS, FL 32715

New Mailing Address:

FEI Number: 59-3141176 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SLABY, KATHLEEN A.
1101 CENTRAL PARK
SANFORD, FL 32771 US

Name and Address of New Registered Agent:

SLABY, KATHLEEN A.
1723 TRAVERTINE TERRACE
SANFORD, FL 32771 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: KATHLEEN A. SLABY 04/30/2009
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: VD ( ) Delete
Name: SLABY, KATHLEEN A.
Address: P. O. BOX 150323
City-St-Zip: ALTAMONTE SPRGS, FL 32715

Title: VD ( ) Delete
Name: SLABY, ANDREA J
Address: P O BOX 150323
City-St-Zip: ALTAMONTE SPRINGS, FL 32715

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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 04/30/2009
Electronic Signature of Signing Officer or Director Date