

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 29, 2008 08:00 AM
Secretary of State

DOCUMENT # N01000004613

1. Entity Name

FELINE ESTATE, INC.



Principal Place of Business

1701 SW 60 AVE
OCALA FL 34474

Mailing Address

P.O. BOX 771753
OCALA FL 34477-1753



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/07)

4. FEI Number

59-3707708

Applied For

No: Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BARBAZON, JESSICA G
1701 SW 60 AVE
OCALA FL 34474

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

NATURE

Signature, typed or printed name of registered agent and title (if applicable)

(NOTE: Registered Agent signature is required when registering)

DATE

FILE NOW: FEE IS \$61.25
Due By: May 1, 2008

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

PD
GRIFFIN-BARBAZON, JESSICA
1701 SW 60 AVE
OCALA FL 34474

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

000000843755 ☐ Change ☐ Addition
03/12/08-80008-008 61.25

VPD
BARBAZON, JOHN
701 SW 60 AVE
CALA FL 34474

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ Change ☐ Addition

HER, GREG A
71 NORTHWEST HIGHWAY 464-B
RISTON FL 32668

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ Change ☐ Addition

☐ Delete

TITLE
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STREET ADDRESS
CITY - ST - ZIP

☐ Change ☐ Addition

Information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information 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 or trustee empowered to execute this report as required by Chapter 617, Florida Statutes, and that my name appears in Block 10 or Block 11 with an address, with all other like empowered.

by Griffin-Barbazon Jessica Griffin-Barbazon 2/27/08 (352)342-0359