


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 26, 2005 8:00 am
Secretary of State

01-26-2005 90022 044 ****61.25

DOCUMENT # N03000002758					
1. Entity Name CARING FOR CATS IN THE UPPER KEYS, INC.					
Principal Place of Business 88005 OVERSEAS HWY STE 17 ISLAMORADA, FL 33036			Mailing Address 88005 OVERSEAS HWY STE 17 ISLAMORADA, FL 33036		
2. Principal Place of Business 80925 Overseas Hwy Suite, Apt. #, etc. 2B			3. Mailing Address 80925 Overseas Hwy Suite, Apt. #, etc. 2B		
City & State Islamorada FL		City & State Islamorada FL		4. FEI Number 36-4527275	
Zip 33036		Country Monroe		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BARTHET, PATRICK C 200 S BISCAYNE BLVD STE 1800 MIAMI, FL 33131				7. Name and Address of New Registered Agent 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE P NAME SCHWARTZ, MARGARET A STREET ADDRESS 182 BAYVIEW DR CITY-ST-ZIP ISLAMORADA, FL 33036	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE D NAME REED, ELLEN STREET ADDRESS 399 PALM DR CITY-ST-ZIP ISLAMORADA, FL 33036	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE D NAME BLAKE, KIM STREET ADDRESS P.O. BOX 272 CITY-ST-ZIP TRAVERNIER, FL 33070	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE D NAME GONCZY, NICOLE STREET ADDRESS 7943 STEWART DR CITY-ST-ZIP DARIEN, IL 60561	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE D NAME GONCZY, JOHN E STREET ADDRESS 36 COMMONS DR CITY-ST-ZIP PALAS PK, IL 60464	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition		
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 617, 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: <i>Margaret A. Schwartz</i>			1-22-05		
<small>SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		

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