

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000010443

Entity Name: SPLASH CATS, INC.

FILED
Jan 04, 2007
Secretary of State

Current Principal Place of Business:

4225 ROMMITCH LANE
PENSACOLA, FL 32504

New Principal Place of Business:

Current Mailing Address:

4225 ROMMITCH LANE
PENSACOLA, FL 32504

New Mailing Address:

FEI Number: 11-3709051

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MCKINNEY, REX D
4225 ROMMITCH LANE
PENSACOLA, FL 32504 US

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

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: MCKINNEY, REX D
Address: 4225 ROMMITCH LANE
City-St-Zip: PENSACOLA, FL 32504

Title: VPD () Delete
Name: DEE, SHARRI
Address: 2420 TRONJO CIRCLE
City-St-Zip: PENSACOLA, FL 32503

Title: SD () Delete
Name: CLINARD, JENNY
Address: 4000 KINGSBERRY DR.
City-St-Zip: PENSACOLA, FL 32504

Title: TD () Delete
Name: GURNEY, CRAIG
Address: 3445 LEMMINGTON
City-St-Zip: PENSACOLA, FL 32504

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: SD (X) Change () Addition
Name: MILLER, CONNIE
Address: 3445 BROOKSHIRE DRIVE
City-St-Zip: PENSACOLA, FL 32504

Title: TD (X) Change () Addition
Name: DUKE, JOHN
Address: 4325 WHITELEAF CT.
City-St-Zip: PENSACOLA, FL 32504

I hereby certify that the information supplied with this filing does not qualify for the 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: REX D. MCKINNEY

PD

01/04/2007

Electronic Signature of Signing Officer or Director

Date