

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000006021

FILED
May 01, 2009
Secretary of State

Entity Name: CANDY'S CATS, INC.

Current Principal Place of Business:

130 ARNHYM DRIVE
ORLANDO, FL 32835 US

New Principal Place of Business:

Current Mailing Address:

130 ARNHYM DRIVE
ORLANDO, FL 32835 US

New Mailing Address:

FEI Number: 32-0151744 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

SULLIVAN, CANDACE
130 ARNHYM DRIVE
ORLANDO, FL 32835 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: P () Delete
Name: SULLIVAN, CANDACE
Address: 130 ARNHYM DRIVE
City-St-Zip: ORLANDO, FL 32835 US

Title: VP () Delete
Name: KLAUSING, STEPHANIE
Address: 130 ARNHYM DRIVE
City-St-Zip: ORLANDO, FL 32835 US

Title: S () Delete
Name: GERMINO, TRACIE
Address: 130 ARNHYM DRIVE
City-St-Zip: ORLANDO, FL 32835 US

Title: T () Delete
Name: JEFFERSON, LINDA
Address: 130 ARNHYM DRIVE
City-St-Zip: ORLANDO, FL 32835 US

Title: D (X) Delete
Name: KELLY, KAREN
Address: 130 ARNHYM DRIVE
City-St-Zip: ORLANDO, FL 32835 US

Title: D (X) Delete
Name: KOCH, SHELLY
Address: 130 ARNHYM DRIVE
City-St-Zip: ORLANDO, FL 32835 US

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:

Title: () Change () Addition
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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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LINDA JEFFERSON

T

05/01/2009

Electronic Signature of Signing Officer or Director

Date