


**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 06, 2004 08:00 AM
Secretary of State

DOCUMENT # N32769 1. Entity Name ORCAT, INC.	
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Principal Place of Business 24 DROCKSIDE LANE #8 KEY LARGO, FL 33037 US	Mailing Address P.O. BOX 1578 KEY LARGO, FL 33037 US
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DO NOT WRITE IN THIS SPACE



01132004 No Chg-NP CR2E037 (10/03)

4. FEI Number 65-0125916	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

OVERFIELD, RICHARD L
116 PLANTATION SHORES DR
TAVERNIER, FL 33070

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IN THIS SPACE**

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 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE
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Filing Fee is \$61.25 Due by May 1, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD WINKELJOHN, PAUL 24 DROCKSIDE LANE #505 KEY LARGO, FL 33037
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TSD VOSS, BILL 24 DROCKSIDE LANE #8 KEY LARGO, FL 33037
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD APPLIN, LEE LEE 10 EXUMA RD KEY LARGO, FL 33037
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P STORM, JOHN 15 CALUSA RD KEY LARGO, FL 33037
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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02/06/04-80096-007 150.00

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IN THIS SPACE**

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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	2-3-04 <small>Date</small>	 <small>Daytime Phone #</small>
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