


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 29, 2004 8:00 am**  
**Secretary of State**

03-29-2004 90035 011 \*\*\*\*61.25

|   |   |  |   |   |  |
|---|---|--|---|---|--|
| <b>DOCUMENT # N40179</b><br>1. Entity Name<br><b>FIESTA CAT FANCIERS, INC.</b>  |   |  |   |  |  |
| Principal Place of Business<br><b>3912 99TH STREET WEST<br/>BRADENTON, FL 34210 US</b>  |   |  | Mailing Address<br><b>3912 99TH STREET WEST<br/>BRADENTON, FL 34210 US</b>  |   |  |
| 2. Principal Place of Business<br>Suite, Apt. #, etc.   |   |  | 3. Mailing Address<br>Suite, Apt. #, etc.   |   |  |
| City & State  |   |  | City & State  |   |  |
| Zip   |   | Country  |   | 4. FEI Number<br><b>59-3035879</b>  |  |
| 5. Certificate of Status Desired <input type="checkbox"/>   |   |  |   | <b>\$8.75 Additional Fee Required</b>   |  |
| 6. Name and Address of Current Registered Agent<br><br><b>CEDAR, MARY A.<br/>3912 99TH ST WEST<br/>BRADENTON, FL 34210</b>  |   |  | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <span style="float: right;"><b>FL</b></span> 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 _____   |   |  |   |   |  |
| <b>Filing Fee is \$61.25<br/>Due by May 1, 2004</b>   |   | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> |   | <b>\$5.00 May Be Added to Fees</b>  |  |
| <b>Make check payable to Florida Department of State</b>  |   |  |   |   |  |
| <b>10. OFFICERS AND DIRECTORS</b>   |   |  | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | TD<br>CEDAR, MARY A<br>3912 99TH ST. WEST<br>BRADENTON, FL 34210  | <input type="checkbox"/> Delete  |   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | SD<br>COLE, PATTI<br>4406 100TH ST W<br>BRADENTON, FL 34210       | <input type="checkbox"/> Delete  |   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | VD<br>YANCHEK, JOHN<br>3948 DOUGLAS HILL RD<br>SARASOTA, FL 34242 | <input checked="" type="checkbox"/> Delete                                       |   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | PD<br>LAWSON, STEVE<br>P.O. BOX 6294<br>SARASOTA, FL 34278        | <input type="checkbox"/> Delete  |   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | D<br>LAWSON, CAROL<br>P O BOX 6294<br>SARASOTA, FL 342786294      | <input type="checkbox"/> Delete  |   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | (Empty)   | <input type="checkbox"/> Delete  |   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | (Empty)   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                |   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | (Empty)   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                |   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | (Empty)   | <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. |   |  |   |   |  |
| <b>SIGNATURE:</b> <u>Mary A. Cedar</u> <u>Mary A. Cedar</u> <u>3/25/04</u> <u>941-794-2069</u>  |   |  |   |   |  |

**54023840**



03252004 Chg-NP CR2E037 (10/03)

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional Fee Required**

7. Name and Address of New Registered Agent

Name

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

City

**FL**

Zip Code

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2004**

9. Election Campaign Financing Trust Fund Contribution. ☐

**\$5.00 May Be Added to Fees**

**Make check payable to Florida Department of State**

**10. OFFICERS AND DIRECTORS**

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BRADENTON, FL 34210

☐ Delete

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SARASOTA, FL 34278

☐ Delete

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STREET ADDRESS  
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D  
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P O BOX 6294  
SARASOTA, FL 342786294

☐ Delete

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CITY-ST-ZIP

(Empty)

☐ Delete

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE  
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CITY-ST-ZIP

☐ Change ☐ Addition

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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:** Mary A. Cedar Mary A. Cedar 3/25/04 941-794-2069

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #