


**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 19, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N40179</b> 1. Entity Name FIESTA CAT FANCIERS, INC.		
Principal Place of Business 3912 99TH STREET WEST BRADENTON, FL 34210 US		Mailing Address 3912 99TH STREET WEST BRADENTON, FL 34210 US
<b>DO NOT WRITE IN THIS SPACE</b>		
6. Name and Address of Current Registered Agent  CEDAR, MARY A. 3912 99TH ST WEST BRADENTON, FL 34210		<b>DO NOT WRITE IN THIS SPACE</b>
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 registering) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>		
Filing Fee is \$61.25 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		000000367672 05/19/05-80006-003 61.25
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD CEDAR, MARY A 3912 99TH ST. WEST BRADENTON, FL 34210	<b>DO NOT WRITE IN THIS SPACE</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD COLE, PATTI 4406 100TH ST W BRADENTON, FL 34210	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD LAWSON, STEVE P.O. BOX 6294 SARASOTA, FL 34276	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LAWSON, STEVE P.O. BOX 6294 SARASOTA, FL 34276	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LAWSON, CAROL P O BOX 6294 SARASOTA, FL 34276294	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: <u>Mary A. Cedar</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		5/16/05 941-795-7779 Date Daytime Phone #