

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 03, 2006 08:00 AM
Secretary of State

DOCUMENT # N40179

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



06282006 No Chg-NP CR2E037 (4/06)

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4. FEI Number
59-3035879

Applied For	
Not Applicable	

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

CEDAR, MARY A.
 3912 99TH ST WEST
 BRADENTON, FL 34210

DO NOT WRITE 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 _____ (NOTE: Registered Agent signature required when renating) DATE _____

Filing Fee is \$61.25
Due by September 6, 2006

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD CEDAR, MARY A 3912 99TH ST. WEST BRADENTON, FL 34210
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 34278
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LAWSON, STEVE P.O. BOX 6294 SARASOTA, FL 34278
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LAWSON, CAROL P O BOX 6294 SARASOTA, FL 342786294
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000567868
 07/03/06-80003-007 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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** 6/28/06 941-794-2069
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #