

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)

DO NOT WRITE IN THIS SPACE

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renouncing) 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 #