

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N40179

FILED  
Jul 31, 2007  
Secretary of State

Entity Name: FIESTA CAT FANCIERS, INC.

**Current Principal Place of Business:**

3912 99TH STREET WEST  
BRADENTON, FL 34210 US

**New Principal Place of Business:**

**Current Mailing Address:**

3912 99TH STREET WEST  
BRADENTON, FL 34210 US

**New Mailing Address:**

FEI Number: 59-3035879      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: TD ( ) Delete  
Name: CEDAR, MARY A  
Address: 3912 99TH ST. WEST  
City-St-Zip: BRADENTON, FL 34210

Title: SD ( ) Delete  
Name: COLE, PATTI  
Address: 4406 100TH ST W  
City-St-Zip: BRADENTON, FL 34210

Title: VD ( ) Delete  
Name: LAWSON, STEVE  
Address: P.O. BOX 6294  
City-St-Zip: SARASOTA, FL 34278

Title: PD ( ) Delete  
Name: LAWSON, STEVE  
Address: P.O. BOX 6294  
City-St-Zip: SARASOTA, FL 34278

Title: D ( ) Delete  
Name: LAWSON, CAROL  
Address: P O BOX 6294  
City-St-Zip: SARASOTA, FL 342786294

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARY A. CEDAR

TD

07/31/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date