2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 13, 2004
Secretary of State

DOCUMENT# N95000004320

Entity Name: EMERALD COAST CAT FANCIERS INC.

Current Principal Place of Business:

4111 CALICO DRIVE
CANTONMENT, FL 32533 US

New Principal Place of Business:

Current Mailing Address:

4111 CALICO DRIVE
CANTONMENT, FL 32533 US

New Mailing Address:

FEI Number: 59-3344608 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DAN GULLAHORN
4111 CALICO DRIVE
CANTONMENT, FL 32533 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: P ( ) Delete
Name: GULLAHORN, JEAN R
Address: 4111 CALICO DRIVE
City-St-Zip: CANTONMENT, FL 32533

Title: ST ( ) Delete
Name: GULLAHORN, DAN
Address: 4111 CALICO DR
City-St-Zip: CANTONMENT, FL 32533

Title: D ( ) Delete
Name: GULLAHORN, DAN
Address: 4111 CALICO DRIVE
City-St-Zip: CANTONMENT, FL 32533

Title: VP ( ) Delete
Name: KOENIG, SARAH
Address: 920 PACE PARKWAY
City-St-Zip: MOBILE, AL 36693

Title: D ( ) Delete
Name: KOENIG, NORMAN
Address: 920 PACE PARKWAY
City-St-Zip: MOBILE, AL 36693

Title: D ( ) Delete
Name: CROW, ANNE K
Address: 10191 SUGAR CREEK DR
City-St-Zip: PENSACOLA, FL 32514

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:

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

I hereby certify that the information supplied with this filing does not qualify for the 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 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: DAN GULLAHORN ST 07/13/2004
Electronic Signature of Signing Officer or Director — Date