

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Feb 20, 2004
Secretary of State**

DOCUMENT# N98000004406

Entity Name: TROPICAL CATS, INC.

Current Principal Place of Business:

130 N NOVA RD #135
ORMOND BEACH, FL 32174

New Principal Place of Business:

Current Mailing Address:

130 N NOVA RD #135
ORMOND BEACH, FL 32174

New Mailing Address:

FEI Number: 59-3603724 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SCOTT, TANI
130 N NOVA RD #135
ORMOND BEACH, FL 32174 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: MCDANIEL, KEITH
Address: 1732 CLOVER CIRCLE
City-St-Zip: MELBOURNE, FL 32935

Title: D () Delete
Name: GIALLOMBARDO, CYNTHIA
Address: 1721 W. 1ST ST.
City-St-Zip: ORANGE, FL 32763

Title: D () Delete
Name: HAWK, PATRICIA
Address: 320 E. BERESFORD AVE.
City-St-Zip: DELAND, FL 32724

Title: VP () Delete
Name: SOGGE, PAM
Address: 1637 SLASH PINE PL.
City-St-Zip: OVEIDO, FL 32765

Title: ST () Delete
Name: SCOTT, TANI
Address: 130 N NOVA RD #135
City-St-Zip: ORMOND BEACH, FL 32174

Title: D () Delete
Name: TURNER, EMILY
Address: 1224 MAJESTIC OAK DR.
City-St-Zip: APOPKA, FL 32712

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: MCDANIEL, KEITH
Address: 1732 CLOVER CIRCLE
City-St-Zip: MELBOURNE, FL 32935

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

Title: P (X) Change () Addition
Name: HAWK, PATRICIA
Address: 320 E. BERESFORD AVE.
City-St-Zip: DELAND, FL 32724

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: TANI SCOTT

Electronic Signature of Signing Officer or Director

ST

02/20/2004

Date