

**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 05, 2005**  
**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: D      ( ) 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: P      ( ) 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:      ( ) 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: TANI SCOTT

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

ST

04/05/2005

\_\_\_\_\_  
Date