

**2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Apr 26, 2009  
Secretary of State**

DOCUMENT# N98000004406

Entity Name: TROPICAL CATS, INC.

**Current Principal Place of Business:**

1223 DAVID DRIVE  
DAYTONA BEACH, FL 32117

**New Principal Place of Business:**

**Current Mailing Address:**

1223 DAVID DRIVE  
DAYTONA BEACH, FL 32117

**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:**

FOGARTY, CAROL  
1223 DAVID DRIVE  
DAYTONA BEACH, FL 32117      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: HAWK, PATRICIA  
Address: 320 BERESFORD AV  
City-St-Zip: DELAND, FL 32724

Title: VP      ( ) Delete  
Name: CONNORS, JOAN  
Address: 411 KNOT WAY  
City-St-Zip: DELAND, FL 32724

Title: ST      ( ) Delete  
Name: FOGARTY, CAROL  
Address: 1223 DAVID DRIVE  
City-St-Zip: DAYTONA BEACH, FL 32117

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

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

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: CAROL FOGARTY

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

ST

04/26/2009

\_\_\_\_\_ Date