2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 30, 2006 08:00 AM
Secretary of State

DOCUMENT # P00000030923

1. Entity Name
SU KAT, INC.

Principal Place of Business	Mailing Address
15675 MCGREGOR BLVD UNIT 22 FORT MYERS, FL 33908 US	15675 MCGREGOR BLVD UNIT 22 FORT MYERS, FL 33908 US

DO NOT WRITE IN THIS SPACE

03162006 No Chg-P CR2E034 (11/05)

4. FEI Number
65-0997072
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

HALTIGAN, JAMES
15675 MCGREGOR BLVD
UNIT 22
FORT MYERS, FL 33908

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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	HALTIGAN, JAMES
STREET ADDRESS	4105 SE 1ST COURT
CITY-ST-ZIP	CAPE CORAL, FL 33904
TITLE	D
NAME	HALTIGAN, KATHLEEN
STREET ADDRESS	4719 SE 17TH PLACE #203
CITY-ST-ZIP	CAPE CORAL, FL 33904
TITLE	D
NAME	HALTIGAN, SUSANE
STREET ADDRESS	4105 SE 1ST COURT
CITY-ST-ZIP	CAPE CORAL, FL 33904
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

[illegible] 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] 3-21-06 239-482-1111
SIGNATURE AND TYPED OR PRINTED NAME OF [illegible] OFFICER OR DIRECTOR — Date — Daytime Phone #

James Haltigan