


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 15, 2004 08:00 AM
Secretary of State

DOCUMENT # P00000065246

1. Entity Name
CATMANDO, INC.



Principal Place of Business 4712 WHITE CLIFF PLACE DOVER, FL 33527	Mailing Address 4712 WHITE CLIFF PLACE DOVER, FL 33527
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03122004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3657117	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

8. Name and Address of Current Registered Agent

**NELSON, SCOTT F
 200 SOUTH HOOVER BLVD.
 BLDG. 201 STE. 140
 TAMPA, FL 33609**

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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 resigning)

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input checked="" type="checkbox"/> \$5.00 May Be Added to Fees	U00000088912 03/15/04-80072-002 155.00
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROSS, CHARLES 4712 WHITE CLIFF PLACE DOVER, FL 33527
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROSS, SHELLEY 4712 WHITE CLIFF PLACE DOVER, FL 33527
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify 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 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: *Charles K. Ken* **3/12/04** **813 689 5513**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #