

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2004 8:00 am
Secretary of State

04-22-2004 90032 032 ***150.00

| | | | |
|---|--|---|---|
| DOCUMENT # P00000091477 1. Entity Name PHAT CATS, INC. | | | |
| Principal Place of Business 121 W VENICA AVE VENICE, FL 34285 | | Mailing Address 121 W VENICA AVE VENICE, FL 34285 | |
| 2. Principal Place of Business 5777 Beneva Rd S Suite, Apt. #, etc. | | 3. Mailing Address 5777 Beneva Rd S Suite, Apt. #, etc. | |
| City & State Sarasota, FL Zip 34233 | | City & State Sarasota, FL Zip 34233 | |
| 4. FEI Number 65-1043231 | | Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent PREWETT, DANIEL L 5777 BENEVA ROAD SOUTH SARASOTA, FL 34233 | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code | |
| 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 _____ (NOTE: Registered Agent signature required when reinstating) | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TD DREWETT, DAVID 1024 ARON CIRCLE NOKOMIS, FL 34275 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PSD WEEKS, RAYMOND 4410 GARCIA AVE SARASOTA, FL 34233 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | Director Prewett, Daniel L. 5777 Beneva Rd S Sarasota, FL 34233 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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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 life empowered. | | | |
| SIGNATURE: <i>Ray Weeks</i> Ray Weeks, R | | Date 4/15/04 Daytime Phone # 941-923-0964 | |

34033013



04152004 Chg-P CR2E034 (10/03)

PLEASE SIGN HERE