2006 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE: #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED Apr 13, 2006 08:00 AM Secretary of State

ANNUAL REPURT				Secretary of State		
DOCUMENT # P00000104308  1. Entity Name CATCO, INC.						
Principal Place of Business  4271 OLD 9 FOOT ROAD  EAGLE LAKE, FL 33839 US  EAGLE LAKE, FL 33839 US  EAGLE LAKE, FL 33839 US			ıs			
DO NOT WRITE IN THIS SPACE				04102006 No Chg-P CR2E034 (11/05)  4. FEI Mumber Applied For Not Applicable 59-3707741 Not Applicable 5. Certificate of Status Desired \$8.75 Additional Fee Required		
8. Name and Address of Gurrent Registered Agent SAUNDERS, THOMAS C PRES 4271 OLD 9 FOOT ROAD EAGLE LAKE, FL 33839  8. The above named gatity submits this statement for the purposa of changing its registered office or registered				DO NOT WRITE IN THIS SPACE  stered agent, or both, in the State of Florida. 1 am 1 amiliar with, and accept		
the obligations of redistored agent.  SIGNATURE  Signature typed or profiled name of registered agent and fille if applicable. (NOTE, Registered Agent signature required when remarkating)  DATE						
After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution.			\$5.00 May Be Added to Fees 130300015035455 (14.727.716-00024-002-150-00			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND D PDST SAUNDERS, THOMAS C 4271 OLD 9 FOOT ROAD EAGLE LAKE, FL 33839	RECTORS				
NAME STREET ADDRESS CITY-ST-ZIP	VPD SAUNDERS, CAROL A 4271 OLD 9 FOOT ROAD EAGLE LAKE, FL 33839					
TRLE NAME STREET ADDRESS GITY-ST-ZIP				DO NOT WRITE		
TITLE NAME STREET ADORESS CITY-ST-IN				IN THIS SPACE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
Title Name Street address City-St-Zip						
12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or pupplemental 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 of the receiver or trustee empowered to execute this leport 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.						