

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 20, 2004 08:00 AM**  
**Secretary of State**

DOCUMENT # P00000107036

1. Entity Name  
CAT'S DUMP TRAILERS, INC.



Principal Place of Business  
5777 BENEVE RD S.  
SARASOTA, FL 34233

Mailing Address  
5777 BENEVE RD S.  
SARASOTA, FL 34233

**DO NOT WRITE IN THIS SPACE**



07082004 No Chg-P CR2E034 (10/03)

4. FEI Number  
65-1054605

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

PREWETT, DANIEL  
5777 BENEVE RD  
SARASOTA, FL 34233

**DO NOT WRITE  
IN THIS SPACE**

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

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
Due by September 8, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees.**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**10. OFFICERS AND DIRECTORS**

|                                                    |                                                            |
|----------------------------------------------------|------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | D<br>IRWIN, EVELYN C<br>2840 HOPE ST<br>SARASOTA, FL 34231 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | PTD<br>IRWIN, JOHN R<br>2140 HOPE ST<br>SARASOTA, FL 34231 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |                                                            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |                                                            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |                                                            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |                                                            |

U00000170520  
08/20/04-80004-007 150.00

**DO NOT WRITE  
IN THIS SPACE**

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:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-17-04 941-981-9121  
Date Daytime Phone #