



**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 03, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P01000029891</b>		
1. Entity Name MISS KATIE, INC.		
Principal Place of Business 4600 124TH ST. W CORTEZ, FL 34215	Mailing Address PO BOX 276 CORTEZ, FL 34215	
<b>DO NOT WRITE IN THIS SPACE</b>		
6. Name and Address of Current Registered Agent  BELL, KAREN L 4600 124TH ST. W CORTEZ, FL 34215		<b>DO NOT WRITE IN THIS SPACE</b>
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renewing.)</small>		
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$350.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P BELL, CALVIN E P.O BOX 276/ 4600 124TH STREET WEST CORTEZ, FL 34215	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP BROOKS, GLENHART P.O BOX 276/ 4600 124TH STREET WEST CORTEZ, FL 34215	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		4/29/04 <small>Date</small>



04272004 No Chg-P CR2E034 (10/03)

4. FEI Number  
65-1082039

Applied For
Not Applicable

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

U00000150299  
05/03/04-80220-021 150.00

**DO NOT WRITE  
IN THIS SPACE**