


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 18, 2004 8:00 am**  
**Secretary of State**

02-18-2004 90007 016 \*\*\*150.00

|   |                                   |                     |   |  |  |
|---|-----------------------------------|---------------------|---|--|--|
| <b>DOCUMENT # P01000044156</b><br>1. Entity Name<br><b>CATHY'S AQUARIUMS AND MORE INC.</b>  |                                   |                     |   |   |  |
| Principal Place of Business<br><b>306 GOVERNMENT AVE<br/>NICEVILLE FL 32578</b>   |                                   |                     | Mailing Address<br><b>306 GOVERNMENT AVE<br/>NICEVILLE FL 32578</b>   |  |  |
| 2. Principal Place of Business  |                                   | 3. Mailing Address  |   |  |  |
| Suite, Apt. #, etc.   |                                   | Suite, Apt. #, etc. |   |  |  |
| City & State  |                                   | City & State        |   |  |  |
| Zip   | Country                           | Zip                 | Country   | 4. FEI Number <b>59-3722727</b> <div style="float: right;"> <input type="checkbox"/> Applied For<br/> <input type="checkbox"/> Not Applicable         </div>   |  |
| 6. Name and Address of Current Registered Agent<br><br><b>HEBERT, CATHY M<br/>306 GOVERNMENT AVE<br/>NICEVILLE FL 32578</b>   |                                   |                     |   | 7. Name and Address of New Registered Agent<br>Name <b>Hebert, Cathy M</b><br>Street Address (P.O. Box Number is Not Acceptable) <b>433 Delaware Rd.</b><br>City <b>Defuniak Springs</b> <b>FL</b> Zip Code <b>32433</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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____<br><small>Signature, typed or printed name of registered agent and title if applicable.</small>   |                                   |                     |   |  |  |
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2004 Fee will be \$550.00</b><br><b>Make Check Payable to Florida Department of State</b>   |                                   |                     | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees |  |  |
| <b>10. OFFICERS AND DIRECTORS</b>   |                                   |                     | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>  |  |  |
| TITLE   | P <input type="checkbox"/> Delete |                     | TITLE   | V/T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition   |  |
| NAME  | HERBERT, CATHY M                  |                     | NAME  | Corey J Hebert   |  |
| STREET ADDRESS  | 306 GOVERNMENT AVE                |                     | STREET ADDRESS  | 433 Delaware Rd.   |  |
| CITY-ST-ZIP   | NICEVILLE FL 32578                |                     | CITY-ST-ZIP   | Defuniak Springs FL 32433  |  |
| TITLE   | <input type="checkbox"/> Delete   |                     | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| NAME  |                                   |                     | NAME  |  |  |
| STREET ADDRESS  |                                   |                     | STREET ADDRESS  |  |  |
| CITY-ST-ZIP   |                                   |                     | CITY-ST-ZIP   |  |  |
| TITLE   | <input type="checkbox"/> Delete   |                     | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| NAME  |                                   |                     | NAME  |  |  |
| STREET ADDRESS  |                                   |                     | STREET ADDRESS  |  |  |
| CITY-ST-ZIP   |                                   |                     | CITY-ST-ZIP   |  |  |
| TITLE   | <input type="checkbox"/> Delete   |                     | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| NAME  |                                   |                     | NAME  |  |  |
| STREET ADDRESS  |                                   |                     | STREET ADDRESS  |  |  |
| CITY-ST-ZIP   |                                   |                     | CITY-ST-ZIP   |  |  |
| TITLE   | <input type="checkbox"/> Delete   |                     | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| NAME  |                                   |                     | NAME  |  |  |
| STREET ADDRESS  |                                   |                     | STREET ADDRESS  |  |  |
| CITY-ST-ZIP   |                                   |                     | 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)(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. |                                   |                     |   |  |  |
| <b>SIGNATURE:</b> <i>Cathy M Hebert</i> <b>Cathy M. Hebert</b><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>   |                                   |                     | <b>2-6-04</b> <b>850 7293440</b><br><small>Date Daytime Phone #</small>   |  |  |