


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 12, 2005 8:00 am**  
**Secretary of State**

04-12-2005 90154 048 \*\*\*150.00

<b>DOCUMENT # P01000099501</b>	
1. Entity Name <b>CATTAIL INVESTMENT CORPORATION</b>	

Principal Place of Business <b>612125 RIVER RD. CALLAHAN, FL 32011</b>	Mailing Address <b>612125 RIVER RD. CALLAHAN, FL 32011</b>
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**20030003**



2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

03182005 Chg-P CR2E034 (10/03)

4. FEI Number  
**30-0015157**

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent	
<b>HIGGINBOTHAM, DONNA W 612125 RIVER RD. CALLAHAN, FL 32011</b>	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
<b>FL</b>	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) DATE: \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>HIGGINBOTHAM, DAWN ELIZABETH</b> <b>1873 OAK TRAIL</b> <b>CALLAHAN, FL 32011</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>President</b> <b>Higginbotham, Dawn Elizabeth</b> <b>45395 Oak Trail</b> <b>Callahan, FL 32011</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>HIGGINBOTHAM, TREANA M</b> <b>3009 US 301</b> <b>CALLAHAN, FL 32011</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Vice President - Higginbotham, Treana M.</b> <b>448041 US Hwy 301</b> <b>Callahan, FL 32011</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>HIGGINBOTHAM, JOLIE MICHELLE</b> <b>RT. 2 BOX 1142</b> <b>BRYCEVILLE, FL 32009</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Secretary</b> <b>Higginbotham, Jolien</b> <b>8260 CR 121</b> <b>Bryceville, FL 32011</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>HIGGINBOTHAM, DONNA W</b> <b>612125 RIVER RD.</b> <b>CALLAHAN, FL 32011</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Treasurer</b> <b>Higginbotham, Donna W</b> <b>612125 River Rd.</b> <b>Callahan, FL 32011</b>
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
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

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: Donna W. Higginbotham** **Donna W. Higginbotham** **4/6/05** **904-781-4780**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #