2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED May 03, 2004 8:00 am Secretary of State 05-03-2004 90757 013 ***150.00

DOCUMENT # P02000074412 1. Entity Name KATIDID, INC.				05-03-2004 90757 013 ***150.00	
Principal Place of Business Mailing Address 601 FALKENBURG RD S 601 FALKENBURG RD S #1-2 #1-2 TAMPA, FL 33619-8051 TAMPA, FL 33619-8051				: 1843/843 (3) 85/18 (10) 85/11 45/11 56/11 56/11 56/11 66/11 66/11 66/11 66/11 66/11 66/11 66/11 66/11 66/11	
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04262004 Chg-P CR2E034 (10/03)	
City & State		City & State		4. FEI Number Applied For 11-3643675 Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired S8.75 Additional Fee Required	
	6. Name and Address of Curr	ent Registered Agent	Name	7. Name and Address of New Registered Agent	
SMITH, KATHERINE L ESQ 2033 MAIN STREET, SUITE 600 SARASOTA, FL 34237				Street Address (P.O. Box Number is Not Acceptable)	
	,		City	FL Zip Code	
	E NOW!!! FEE IS \$150.00 ay 1, 2004 Fee will be \$55 OFFICERS A	9. Election Cam Trust Fund Co		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN:11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LESTER, JR., KENNETH T 4931 80TH AVE, CIR. E SARASOTA, FL 34237	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Officer's Director Director Michange Addition Kenneth T. Lester Jr. 4931 80th Aug Cir E. Savasota Ec 34243	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SMITH, KATHERINE L 4931 80TH AVE. CIR. E SARASOTA, FL 34237	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	officer! Director QChange Addition Kenneth T. Lesker St. 8037 Hawks Nest Drive Kissimmee, FL 34741	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET AUDRESS CITY-ST-ZIP	Officer Change Maddition Katherine L. Smith 2033 Main Street Swite 600 Sarasota, Fl 34237	
NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	The said of the said of	☐ Delete	NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
indicated	on this report or supplemental rep-	ort is true and accurate and the	at my signature shall	ated in Section 119.07(3)(i). Florida Statutes. I further certify that the information have the same legal effect as if made under oath; that I am an officer or director apter 607. Florida Statutes; and that my name appears in Block 10 or Block 11 if	
SIGNAT		OR PRINTED NAME OF SIGNING OFFIC	CER OR DIRECTOR	4 23 04 6833 Dayline Prone #	