

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2004 8:00 am
Secretary of State

04-02-2004 90032 009 ***150.00

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1. Entity Name
HOT DOGZ & COOL CATZ INC.

Principal Place of Business: 1205 S. BOSTON AVE. DELAND, FL 32724 US
 Mailing Address: 1205 S. BOSTON AVE. DELAND, FL 32724 US

44023942

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



03152004 Chg-P CR2E034 (10/03)

4. FEI Number: **20-0034210** Applied For: Not Applicable:

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

6. Name and Address of Current Registered Agent
ACTIVE FILINGS, LLC
 10651 NE 11TH COURT
 MIAMI SHORES, FL 33138

7. Name and Address of New Registered Agent
 Name: **Kim Morgan**
 Street Address (P.O. Box Number is Not Acceptable): **1205 S. BOSTON AVE**
 City: **Deland** FL Zip Code: **32724**

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: Kim Morgan (NOTE: Registered Agent signature required when reinstating) DATE: _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		
TITLE: P	MORGAN, KIMBERLEY L	<input type="checkbox"/> Delete
NAME:	1205 S. BOSTON AVE.	
STREET ADDRESS:	DELAND, FL 32724	
CITY-ST-ZIP:		
TITLE: VP	MORGAN, JEFFREY	<input type="checkbox"/> Delete
NAME:	1205 S. BOSTON AVE.	
STREET ADDRESS:	DELAND, FL 32724	
CITY-ST-ZIP:		
TITLE: T	MORGAN, KIMBERLEY L	<input type="checkbox"/> Delete
NAME:	1205 S. BOSTON AVE.	
STREET ADDRESS:	DELAND, FL 32724	
CITY-ST-ZIP:		
TITLE: S	CHAMBERS, ROBERT G	<input checked="" type="checkbox"/> Delete
NAME:	1205 S. BOSTON AVE.	
STREET ADDRESS:	DELAND, FL 32724	
CITY-ST-ZIP:		
TITLE:		<input type="checkbox"/> Delete
NAME:		
STREET ADDRESS:		
CITY-ST-ZIP:		
TITLE:		<input type="checkbox"/> Delete
NAME:		
STREET ADDRESS:		
CITY-ST-ZIP:		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE:		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		
STREET ADDRESS:		
CITY-ST-ZIP:		
TITLE:		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		
STREET ADDRESS:		
CITY-ST-ZIP:		
TITLE:		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		
STREET ADDRESS:		
CITY-ST-ZIP:		
TITLE:	S Morgan, Kimberley L	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:	1205 S. Boston Ave	
STREET ADDRESS:	Deland, FL 32724	
CITY-ST-ZIP:		
TITLE:		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		
STREET ADDRESS:		
CITY-ST-ZIP:		
TITLE:		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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)(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: Kim Morgan 3/16/04 Date 386-801-1569 Daytime Phone #