


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Aug 11, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # P03000065085  
 1. Entity Name  
 CATFISH CABIN, INC.



Principal Place of Business      Mailing Address  
 2203 N US 1                              P.O. BOX 337  
 TITUSVILLE, FL 32796              SCOTTSMOOR, FL 32775

**DO NOT WRITE IN THIS SPACE**



07182005    No Chg-P    CR2E034 (10/03)

4. FEI Number      Applied For  
 37-1471800      Not Applicable

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

6. Name and Address of Current Registered Agent  
 SANDERS, LOUIS E  
 2191 N US 1  
 TITUSVILLE, FL 32796

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable      (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**Due by September 7, 2005**

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	D, P
NAME	SANDERS, LOUIS E
STREET ADDRESS	2191 N US 1
CITY - ST - ZIP	TITUSVILLE, FL 32796
TITLE	DVST
NAME	SANDERS, TERESA L
STREET ADDRESS	2191 N US 1
CITY - ST - ZIP	TITUSVILLE, FL 32796
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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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: Teresa L. Sanders      7-20-05      321-264-1446  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #