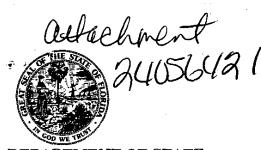
## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Apr 27, 2004 8:00 am Secretary of State

1. Entity Name GARY MECATILATT & ASSOCIATES	CUMENT # P03000106721		04-27-2004 90054 030 ***150.00	
Principal Place of Business 1449 BUTTE COURT ORANGE PARK, FL 32065	Mailing Address 1449 BUTTE COURT ORANGE PARK, FL 320	965		24056421
2. Principal Place of Business 1449 Butte CT	3. Mailing Address 1945 Butto	e CT.		
Suite, Apt. #, etc.	Súite, Apt. #, etc. 🚁	<del></del>	04192004 Chg-P	CR2E034 (10/03)
ORANGE PARK FI	City & State PA	KK F/	4. FEI Number	Applied Fo
37065 Clay	32065	Country	5. Certificate of Status Desired	d S8.75 Additional Fee Required
6. Name and Address of Current Registered Agent PLACE, GARY 1449 BUTTE COURT ORANGE PARK, FL 32065			š (P.O. Box Number is Not Accepts	able)
OTANOE FAIN, TE 32303		1449 City 0 0 81	Butte CT.	FL Zip Code 32065
The above named entity submits this statement f     the obligations of egistered agent	$\mathcal{I}$		tered agent, or both, in the State of	Florida. I am familiar with, and acc
SIGNATUR Signature, typed or printed name of registered agen	and title if applicable. (NOTE	: Registered Agent signature requi	red when rainstating)	.3 /0 4 DATE
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.			5.00 May Be dded to Fees	e mis accessor el como e
10. PCATLE TOUTICERS AND	DIRECTORS	11,	ADDITIONS/CHANGES TO C	DFFICERS AND DIRECTORS IN 11
NAME STREET ADDRESS CITY-ST-ZIP ORANGE PARK, FL 32065	☐ Delete	NAME STREET ADDRESS CITY-SI, ZIP		☐ Change ☐ Ado
TITLE NAME STREET ADDRESS CITY-ST-ZIP	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Ado
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Ado
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Ado
TITLE NAME SINEET ADDRESS CHY-S1-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		. Change Ado
TITLE .  NAME  STREET ADDRESS  CITY-SI-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Add
12. I hereby certify that the information supplied will indicated on this report or supplemental report of the corporation or the receiver of trustee employed the corporation or the receiver of trustee employed the corporation attachment with an address.	h this filing does not qualify for is true and accurate and that n lowered to execute this report with all other like empowered.	the exemption stated in ny signature shall have th as required by Chapter 6	Section 119.07(3)(i), Florida Statute e same legal effect as if made und 107, Florida Statutes; and that my n	es. I further certify that the information or oath; that I am an officer or direct ame appears in Block 10 or Block 1
SIGNATURE. SIGNATURE AND TYPED OR	PRINTED NAME OF SIGNING OFFICER	OR DIRECTOR	Date	Daylime Phone #



FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

April 19, 2004

GARY M. CATLATT & ASSOCIATES INC. 1449 BUTTE COURT ORANGE PARK, FL 32065

SUBJECT: GARY M. CATLATT & ASSOCIATES INC. Ref. Number: P03000106721

Upon receipt of your letter and/or check(s) totaling \$150.00, no document was found. Please send your document with any fees due to:

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Please return a copy of this letter to ensure your money is properly credited.

Only applications approved by the Department of State are acceptable. Please complete the enclosed approved application and return it to our office.

TO AVOID THE \$400.00 LATE FEE, PLEASE RETURN THE CORRECTED REPORT TO: DIVISION OF CORPORATIONS, P.O. BOX 1500, TALLAHASSEE, FLORIDA 32302-1500 WITHIN 30 DAYS OF THE DATE OF THIS LETTER.

If you have any questions concerning the filing of your document, please call (850) 245-6059.

Justin M Shivers
Document Specialist

Letter Number: 104A00025403