

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 14, 2004 8:00 am
Secretary of State

04-14-2004 90070 042 ***150.00



DOCUMENT # P03000130590	
1. Entity Name KAT-MAN-DO, INC.	
Principal Place of Business 5227 MYAKKA VALLEY TRAIL SARASOTA FL 33981	Mailing Address 5227 MYAKKA VALLEY TRAIL SARASOTA FL 33981
2. Principal Place of Business <i>Home</i>	3. Mailing Address <i>same → 5227 MYAKKA VALLEY</i>
Suite, Apt. #, etc.	Suite, Apt. #, etc.



MOORE CR2E034 (11/03)

City & State SARASOTA FL	City & State <i>same</i>	4. FEI Number 55-085 1812	Applied For Not Applicable
Zip 34241	Country	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent AQUILINE, JOHN 5227 MYAKKA VALLEY TRAIL SARASOTA FL 33981		7. Name and Address of New Registered Agent Name <i>John Aquiline</i> Street Address (P.O. Box Number is Not Acceptable) <i>SA 5227 MYAKKA VALLEY</i> SARASOTA, FL City FL Zip Code <i>34241</i>	
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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 *John Aquiline* 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
After May 1, 2004: Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D AQUILINE, JOHN 5227 MYAKKA VALLEY TRAIL SARASOTA FL 33981 <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
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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)(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: *John Aquiline* DATE: *4-10-04*

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