


**FOR PROFIT CORPORATION  
ANNUAL REPORT (AR)**

**FILED**  
**Jan 23, 2006 8:00 am**  
**Secretary of State**

01-23-2006 90118 050 \*\*\*150.00

DOCUMENT # P03000130590

1. Entity Name  
KAT - MAN - CO, INC.



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business <u>5227 MYAKKA VALLEY TRAIL</u>		3. Mailing Address <u>5227 MYAKKA VALLEY TRAIL</u>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <u>SARASOTA FL</u>		City & State <u>SARASOTA FL</u>	
Zip <u>34241</u>	Country <u>SARASOTA</u>	Zip <u>34241</u>	Country <u>SARASOTA</u>

CR2E034B (8/05)

4. FEI Number <u>55-0851812</u>		Applied For <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required

7. Name and Address of Current Registered Agent

Name John Aquilino

Street Address (P.O. Box Number is Not Acceptable) 5227 MYAKKA VALLEY TRAIL

City SARASOTA FL Zip Code 34241

**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 John Aquilino DATE 1-10-06

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

January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended AR is \$61.25  
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			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<u>D JOHN AQUILINO 5227 MYAKKA VALLEY TRAIL SARASOTA, FL 34241</u>	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)(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 on an attachment with an address, with all other like empowered.

SIGNATURE: John Aquilino Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR