

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 31, 2008 8:00 am
Secretary of State

01-31-2008 90031 025 ***150.00



DOCUMENT # P03000130590

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

Principal Place of Business
**5227 MYAKKA VALLEY TRAIL
 SARASOTA FL 34241**

Mailing Address
**5227 MYAKKA VALLEY TRAIL
 SARASOTA FL 34241**



2. Principal Place of Business - No P.O. Box #
5227 Myakka Valley
 Suite, Apt. #, etc.

3. Mailing Address
5227 Myakka Valley
 Suite, Apt. #, etc.

1st MOORE CR2E034 (10/07)

City & State
SARASOTA FL
 Zip
34241
 Country
USA

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SARASOTA FL
 Zip
34241
 Country
USA

4. FEI Number **55-0851812** Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**AQUILINE, JOHN
 5227 MYAKKA VALLEY TRAIL
 SARASOTA FL 34241**

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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 signing officer or director. (NOTE: Registered Agents sign this report when recommended.)

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
D	AQUILINE, JOHN	5227 MYAKKA VALLEY TRAIL	SARASOTA FL 33981	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR