

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 08, 2006 08:00 AM
Secretary of State

DOCUMENT # P04000075515

1. Entity Name
KITTY'S BONSAI INC.



Principal Place of Business
**30950 BURLEIGH DR.
WESLEY CHAPEL, FL 33543**

Mailing Address
**30950 BURLEIGH DR.
WESLEY CHAPEL, FL 33543**



05082006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-1112842

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**COTTRELL, CATHERINE
30950 BURLEIGH DR.
WESLEY CHAPEL, FL 33543**

**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 _____
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**U00000576585
09/08/06-80005-022 150.00**
DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 6, 2006**

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 **P/D**
NAME **COTTRELL, CATHERINE**
STREET ADDRESS **30950 BURLEIGH DR.**
CITY-ST-ZIP **WESLEY CHAPEL, FL 33543**

TITLE **VP/T**
NAME **COTTRELL, CATHERINE**
STREET ADDRESS **30950 BURLEIGH DR.**
CITY-ST-ZIP **WESLEY CHAPEL, FL 33543**

TITLE **S**
NAME **COTTRELL, CATHERINE**
STREET ADDRESS **30950 BURLEIGH DR.**
CITY-ST-ZIP **WESLEY CHAPEL, FL 33543**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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 *Catherine Cottrell Pres.* **Catherine Cottrell Pres. Aug 30/06** (813) 994-2519
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR