

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2008 8:00 am
Secretary of State

05-01-2008 90237 012 ***150.00

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1. Entity Name
HG.CATS3, INC.

Principal Place of Business
1733 OVERSEAS HIGHWAY
MARATHON, FL 33050

Mailing Address
1733 OVERSEAS HIGHWAY
MARATHON, FL 33050

2. Principal Place of Business - No P.O. Box #

11400 Overseas Highway

Suite, Apt. #, etc.

112

City & State
MARATHON FL.

Zip
33050

Country
Monroe

3. Mailing Address

11400 OVERSEAS HIGHWAY

Suite, Apt. #, etc.

112

City & State
MARATHON FL.

Zip
33050

Country
Monroe



04292008 Chg-P CR2E034 (12/06)

4. FEI Number
20-2263990

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145

7. Name and Address of New Registered Agent

Name MARIA SCHISSLER

Street Address (P.O. Box Number is Not Acceptable)

11400 OVERSEAS HIGHWAY

112

City MARATHON

FL

Zip Code 33050

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

Maria Schissler MARIA SCHISSLER

4-29-08

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE PTD ☐ Delete
NAME SCHISSLER, MARIA
STREET ADDRESS 1733 OVERSEAS HIGHWAY
CITY-ST-ZIP MARATHON, FL 33050

TITLE VSD ☐ Delete
NAME KEAN, CHARLES E
STREET ADDRESS 1733 OVERSEAS HIGHWAY
CITY-ST-ZIP MARATHON, FL 33050

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Maria Schissler - MARIA SCHISSLER 4-29-08 305-743-2040

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #