

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P06000028057

Entity Name: FAT CAT'S OF TAMPA, INC.

**FILED**  
**Mar 25, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

4851 W MCELROY AVENUE  
TAMPA, FL 33611

**New Principal Place of Business:**

4410 PRICE AVENUE  
TAMPA, FL 33611

**Current Mailing Address:**

4851 W MCELROY AVENUE  
TAMPA, FL 33611

**New Mailing Address:**

4410 PRICE AVENUE  
TAMPA, FL 33611

FEI Number: 14-1955698

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

GABLE, SHAWN  
4851 W MCELROY AVENUE  
TAMPA, FL 33611 US

**Name and Address of New Registered Agent:**

GABLE, SHAWN  
4410 PRICE AVENUE  
TAMPA, FL 33611 US

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

03/25/2011

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: DPST  
Name: GABLE, SHAWN  
Address: 4410 PRICE AVENUE  
City-St-Zip: TAMPA, FL 33611

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: SHAWN GABLE

DPST

03/25/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date