

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2008 8:00 am
Secretary of State

04-21-2008 90077 039 ***150.00

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DOCUMENT # P07000022021 1. Entity Name POLE CAT, INC.					
Principal Place of Business 128 BUSHNELL PLAZE BUSHNELL, FL 33513			Mailing Address 128 BUSHNELL PLAZE BUSHNELL, FL 33513		
2. Principal Place of Business - No P.O. Box # 1333 W County Road 48 Suite, Apt. #, etc. Suite B		3. Mailing Address 1333 W County Road 48 Suite, Apt. #, etc. Suite B		01092008 Chg-P CR2E034 (12/06)	
City & State Bushnell, FL		City & State Bushnell, FL		4. FEI Number 20-8443795	
Zip 33513		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MOFFITT, JAMES A 128 BUSHNELL PLAZE BUSHNELL, FL 33513				7. Name and Address of New Registered Agent Name James A Moffitt Street Address (P.O. Box Number is Not Acceptable) 1333 W County Rd. 48 Suite B City Bushnell FL Zip Code 33513	
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 JAMES A. MOFFITT DATE 4-17-08 <small>Signed, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP Pres. James A. Moffitt 1333 W. County Rd. 48 # B Bushnell FL 33513			TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition		
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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: JAMES A. MOFFITT DATE 4-17-08 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					