

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000017403

Entity Name: KATSCAN INC.

FILED
Jun 21, 2009
Secretary of State

Current Principal Place of Business:

55 SW COUNTY ROAD 484
OCALA, FL 34473

New Principal Place of Business:

Current Mailing Address:

55 SW COUNTY ROAD 484
OCALA, FL 34473

New Mailing Address:

16057 TAMPA PALMS BLVD WEST
#219
TAMPA, FL 33647

FEI Number: 80-0151514

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

WILLIAMS, KATHLEEN
13238 BUNN CIRCLE
APT 43
TAMPA, FL 33612 US

Name and Address of New Registered Agent:

WILLIAMS, KATHLEEN
4019 E. FOWLER AVE.
TAMPA, FL 33617 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:

06/21/2009

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: WILLIAMS, KATHLEEN
Address: 55 SW COUNTY ROAD 484
City-St-Zip: OCALA, FL 34473

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: WILLIAMS, KATHLEEN
Address: 4019 E. FOWLER AVE
City-St-Zip: TAMPA, FL 33617

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: KATHLEEN WILLIAMS

D

06/21/2009

Electronic Signature of Signing Officer or Director

Date