


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 22, 2004 08:00 AM
Secretary of State

DOCUMENT # P94000045206 1. Entity Name CAPT. CATO, INC.	
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Principal Place of Business 2440 WORLD PARKWAY BLVD APT. #56 CLEARWATER, FL 33763-2033 US	Mailing Address 2440 WORLD PARKWAY BLVD APT. #56 CLEARWATER, FL 33763-2033 US
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01162004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3242005	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent VONA, SAM 2440 WORLD PKWY APT. #56 CLEARWATER, FL 33763

**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) DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP VONA, NINA 2440 WORLD PARKWAY BLVD CLEARWATER, FL 33515
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP VONA, MICHAEL 2440 WORLD PARKWAY BLVD CLEARWATER, FL 33763
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST VONA, SAM 2440 WORLD PARKWAY BLVD CLEARWATER, FL 33763
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000000009702
01/22/04-80001-016 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1479-040

Date Daytime Phone #