2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2005 8:00 am
Secretary of State
04-20-2005 90339 043 ***150.00

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1. Entity Name
THOMCAT HOLDINGS, INC.

50040158

01272005 No Chg-P CR2E034 (10/03)

Principal Place of Business	Mailing Address
~~4700 MELROSE~~ ~~TAMPA, FL 33629~~	~~4700 MELROSE~~ ~~TAMPA, FL 33629~~

1415 Spring Lake Hwy
Brooksville Fla 34602 Done

4. FEI Number
59-3399140

☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

CATENA, M.V.
4700 MELROSE
TAMPA, FL 33629

~~CATENA M.V.~~
1415 Spring Lake Hwy
Brooksville Fla 34602

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 M.V. [signature] DATE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	PD PD
NAME	CATENA, M.V.
STREET ADDRESS	~~4700 MELROSE~~ 1415 Spring Lake Hwy
CITY-ST-ZIP	~~TAMPA, FL~~ Brooksville Fla 34602
TITLE	~~P~~ SD
NAME	OSBURN, PATTI L
STREET ADDRESS	1182 HILL N DALES
CITY-ST-ZIP	TALLAHASSEE, FL
TITLE	TD
NAME	CATENA, MARCIA L.
STREET ADDRESS	1415 Spring Lake Hwy
CITY-ST-ZIP	Brooksville Fla
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: M.V. [signature] M.V. CATENA 4/12/05 352-5904953

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #