2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P96000033571

FILED May 03, 2004 08:00 AM Secretary of State

1. Entity Name C.D. RAT	EWATCH, INC.						
Principal Place	e of Business	Mailing Address	·	7			
10463 VALEI Seminole, F		P.O. BOX 3933 SEMINOLE, FL 33775		i 			
<u></u>							
DO NOT WRITE IN THIS SPA				04122004	No Chg-P	CR2E	(10/03)
			CE	4. FEI Number 59-3373	520		Applied For Not Applicable
				5. Certificate of	f Status Desired		\$8.75 Additional Fee Required
	6. Name and Address of Current Re	gistered Agent					
BALTRUNAS, ROBERT J 10463 VALENCIA ROAD			DO NOT WRITE				
SEMINOLE, FL 33772			IN THIS SPACE				
	named entity submits this statement for the ions of registered agent.	ne purpose of changing its register	red office or registe	ered agent, or both	, in the State of Flo	orida. I ar	n familiar with, and accept
	Signature, typed or printed name of registered agent and	tifle if applicable (NOTE Register	ed Agent signature requir	ed when (einstating)		DATE	
FILE NOWILL FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 9. Election Campaign Fina Trust Fund Contribution.				5.00 May Be ided to Fees			
10.	OFFICERS AND DI	RECTORS	-				
THLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD BALTRUNAS, ROBERT J 10463 VALENCIA RD. SEMINOLE, FL 33772				() () (: 4930 8014	9 1-009 156.06
TITLE			•				

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)(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 either like empowered.

SIGNATURE:

STREET ADDRESS CITY-S1-ZIP TITLE NAME STREET ADDRESS

CITY-5T-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
CITY-ST-ZIP
CITY-ST-ZIP
CITY-ST-ZIP

ATURE AND TYPED OF PRINTED MAME OF SIGNING OFFICER OR DIRECTOR

4/28/04 72

727-398-3919