

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 09, 2004 08:00 AM
Secretary of State

DOCUMENT # N00000006907

1. Entity Name
RESCUED PETS ARE WONDERFUL, INC.



Principal Place of Business
**1786 NE 39TH STREET
OAKLAND PARK, FL 33334**

Mailing Address
**1786 NE 39TH STREET
OAKLAND PARK, FL 33334**



01282004 No Chg-NP CR2E037 (10/03)

4. FEI Number
65-1048184

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**O'CONNOR, JOHN
1786 NE 39TH STREET
OAKLAND PARK, FL 33334**

**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

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

**U000000042782
02/10/04-80038-016 70.00**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
O'CONNOR, JOHN
1786 NE 39TH STREET
OAKLAND PARK, FL 33334**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
O'CONNOR, JANICE
1786 NE 39TH STREET
OAKLAND PARK, FL 33334**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
HALEY, JOAN
2624 NE 32ND STREET APT 216
FORT LAUDERDALE, FL 33334**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**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 617, 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:

John O'Connor

JOHN O'CONNOR

2/3/04

954-724-1400

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #