2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

Feb 21, 2005 8:00 am **Secretary of State** DOCUMENT # N01000003423 1. Entity Name 02-21-2005 90085 033 ****70.00 STAND UP FOR ANIMALS, INC. Principal Place of Business Mailing Address 10550 AVIATION BLVD 29162 IRIS DRIVE BIG PINE KEY FL 33043 20014418 MARATHON FL 33050 2. Principal Place of Business 3. Mailing Address 7932 Tune Drive Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/04) City & State City & State 4. FEI Number Applied For FC Marathor 65-1134062 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired $\cup S.A$ Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name GOTTWALD, LINDA Street Address (P.O. Box Number is Not Acceptable) 10550 AVIATION BLVD MARATHON FL 33050 Zip Code 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. CLINDA GOTTWALLS SIGNATURE (NOTE: Registered Agent signature required when reinstating) FILE NOW: FEE IS \$61.25 Make Check Payable to 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Due By May 1, 2005 Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE ☐ Delete THILE GOTTWALD, LINDA NAME NAME Peter Myers 29162 IRIS DR. STREET ADDRESS STREET ADDRESS BIG PINE KEY FL 33404 CITY-ST-ZIP CITY-ST-7IP ☐ Delete ☐ Addition TITLE TITLE JORDAN, VERONICA NAME NAME PO BOX 1911 STREET ADDRESS STREET ADDRESS **DAVIS CA 95617** CITY-ST-ZIP CITY-ST-ZIP - 🖃 Delete --HIRSCH, LARRY NAME NAME **8 HUGH STREET** STREET ADDRESS STREET ADDRESS CITY-ST-7IP WESTERLY RI 02891 CITY-ST-ZIP 330*50* Linda Cottwald TITLE Addition TITLE ☐ Delete NAME NAME 17932 TUNA DRIVE MARA MON, FL 33050 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE Delete TELLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition THILE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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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 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: Linda Lattural LINDA GOTTWALD 2-15-05 393-0294