## FILED Feb 02, 2005 8:00 am Secretary of State 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT **DOCUMENT # N04000000789** 1. Entity Name GULF COAST SHIH TZU RESCUE, INC. 02-02-2005 90033 047 \*\*\*\*61.25 Principal Place of Business Mailing Address 114 KINGS RD 114 KINGS RD HAVANA, FL 32333 HAVANA, FL 32333 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01132005 Cha-NP CR2E037 (10/03)

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City & State Ci		City &	ty & State			4. FEI Number		•	Ap	plied For
						<u> </u>	<u> هاماگ&amp; ک</u>		No.	t Applicable
Zip	Country	Zip		Country		5. Certificate of St	tatus Desired		\$8.75 Add Fee Require	
Name and Address of Current Registered Agent					7. Name and Address of New Registered Agent					
LUND, LEANN M					Name					
114 KINGS RD HAVANA, FL 32333				Stre	Street Address (P.O. Box Number is Not Acceptable)					
				ļ						
					/			FL	Zip Code	3
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 renstating)  DATE										
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			9. Election Campaign Financir			\$5.00 May Be	Make check payable to			
•	Due by May 1, 2005		Trust Fund Contribution			Added to Fees	Florid	ia Depart	tment of State	
10. OFFICERS AND DIRECTORS			11,			ADDITIONS/CHANG	DDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	D		☐ Delete	TITLE					☐ Change	☐ Addition
NAME	LUND, LEANN M			NAME						
STREET ADDRESS	114 KINGS RD		•	STREET ADDR	ress					
CITY-ST-ZIP	HAVANA, FL 32333			CITY-ST-ZIP						
TITLE	D		☐ Delete	TITLE					Change	☐ Addition
NAME	WALDO, GRETCHEN H			NAME						
STREET ADDRESS	7431 SKIPPER LANE			STREET ADDR	- 1					
CITY-ST-ZIP	TALLAHASSEE, FL 32311			CITY-ST-ZIP	<u> </u>					
TITLE	D		☐ Delete	TITLE	ΙĎ	١ - ١	ىل		Change	Addition
NAME	ANDERSON, MARY K			NAME	<del>[.</del> 7	derson, Ma 8 Holly Runk	ryk.			
CITY-ST-ZIP	47 BAKKE ST HURLBURT FIELD, FL 32544	-		STREET ADDR	F22   174	8 HOUN HOU IK	(N. 2)06	o		
	HOREBORT HELD, FE 32544				100	arner Robins	10H 310	38		
TITLE Name			☐ Delete	TITLE Name					☐ Change	Addition
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CITY-ST-ZIP				CITY-ST-ZIP	- 1					
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STREET ADDRESS				STREET ADDR	RESS					
CITY-ST-ZIP	•			CITY-ST-ZIP	·					
TITLE			☐ Defete	TITLE		· · · · · · · · · · · · · · · · · · ·			☐ Change	Addition
NAME			4	NAME	1					
STREET ADDRESS		: 201		STREET ADDR	ESS					
CITY-ST-ZIP		\$	<b>*</b>	+CITY-ST-ZIP						
** ***						5 - N - 110 P7/DVD 5				

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: Lean M. Lund 1/31/05 850/443-4905
SIGNATURE AND TYPED DR. PRINTED NAME OF SIGNING OFFICER OR DRIBECTOR LUND 1/31/05 850/443-4905