

**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 25, 2008 8:00 am**  
**Secretary of State**

02-25-2008 90064 048 \*\*\*158.75

DOCUMENT # N04000001654  
 1. Entity Name  
 RESCUED UNWANTED FURRY FRIENDS, INC.



Principal Place of Business  
 91 READY AVE  
 FORT WALTON BEACH, FL 32548

Mailing Address  
 127 MIRACLE STRIP PKWY SW  
 STE N-7  
 FORT WALTON BEACH, FL 32548

**DO NOT WRITE IN THIS SPACE**



01162008 No Chg-NP CR2E037 (4/06)

4. FEI Number 20-0567829	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MEAD, MICHAEL W  
 24 NORTH EAST WALTER MARTIN ROAD  
 FORT WALTON BEACH, FL 32548

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

**Filing Fee is \$61.25  
 Due by May 1, 2008**

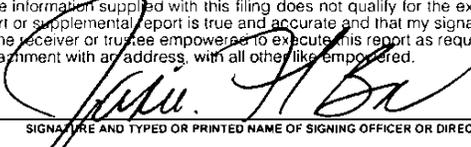
9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	BROOKS, GENE
STREET ADDRESS	127 MIRACLE STRIP PKWY SW STE N-7
CITY-ST-ZIP	FORT WALTON BEACH, FL 32548
TITLE	SVP <i>Director</i>
NAME	BROOKS, JANICE F
STREET ADDRESS	127 MIRACLE STRIP PKWY SW STE N-7
CITY-ST-ZIP	FORT WALTON BEACH, FL 32548
TITLE	<i>Board Member</i>
NAME	MICKLE, DONNA C
STREET ADDRESS	127 MIRACLE STRIP PKWY STE N-7
CITY-ST-ZIP	FORT WALTON BEACH, FL 32548
TITLE	<i>Board Member</i>
NAME	<i>EVANS LISA</i>
STREET ADDRESS	<i>127 Miracle Strip Pkwy</i>
CITY-ST-ZIP	<i>Fort Walton Beach, FL 32548</i>
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:  DATE: *2/4/08*

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