

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Jul 08, 2004
Secretary of State**

DOCUMENT# N51048

Entity Name: ANIMAL RESCUE OF LABELLE, INC.

Current Principal Place of Business:

1380 SUMMERALL ROAD
LABELLE, FL 33935

New Principal Place of Business:

Current Mailing Address:

POST OFFICE BOX 2441
LABELLE, FL 33935

New Mailing Address:

FEI Number: 65-0404638 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SHEPPARD, DIANE G
26600 OLD MUSE ROAD
LABELLE, FL 33935 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: SHEPPARD, DIANE G
Address: 26600 OLD MUSE ROAD
City-St-Zip: LABELLE, FL

Title: TD () Delete
Name: SHEPPARD, PETER C
Address: 26600 OLD MUSE ROAD L
City-St-Zip: LABELLE, FL

Title: VPD () Delete
Name: STOCKWELL, DALLAS S
Address: 26600 OLD MUSE ROAD
City-St-Zip: LABELLE, FL

Title: D () Delete
Name: BILES, ANGEL
Address: 1000 SUMMERALL ROAD
City-St-Zip: LABELLE, FL

Title: D () Delete
Name: ADDISON, AUSTIN
Address: 939 W CR 78
City-St-Zip: LABELLE, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PETER C SHEPPARD

TD

07/08/2004

Electronic Signature of Signing Officer or Director

Date