

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000002952

FILED  
Apr 27, 2004  
Secretary of State

Entity Name: ANGELIC PET SITTERS, INC.

**Current Principal Place of Business:**

624 BISCAYNE DR  
WEST PALM BEACH, FL 33401 US

**New Principal Place of Business:**

2585 SW 105TH STREET  
OCALA, FL 34476 US

**Current Mailing Address:**

624 BISCAYNE DR  
WEST PALM BEACH, FL 33401 US

**New Mailing Address:**

2585 SW 105TH STREET  
OCALA, FL 34476 US

FEI Number: 65-0546178

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

JUDITH M SMITH  
624 BISCAYNE DR  
WEST PALM BEACH, FL 33401 US

**Name and Address of New Registered Agent:**

JUDITH M SMITH  
2585 SW 105TH STREET  
OCALA, FL 34476 US

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: \_\_\_\_\_

04/27/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: TVP ( ) Delete  
Name: SMITH, JUDITH M  
Address: 624 BISCAYNE BLVD  
City-St-Zip: WEST PALM BEACH, FL 33401

Title: VPD ( ) Delete  
Name: SMITH, JUDITH M  
Address: 624 BISCAYNE DR  
City-St-Zip: WEST PALM BEACH, FL 33401 US

Title: DV ( ) Delete  
Name: GOVONI, JOHN T  
Address: 624 BISCAYNE DR  
City-St-Zip: WEST PALM BEACH, FL

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: TVP (X) Change ( ) Addition  
Name: SMITH, JUDITH M  
Address: 2585 SW 105TH STREET  
City-St-Zip: OCALA, FL 34476

Title: VPD (X) Change ( ) Addition  
Name: SMITH, JUDITH M  
Address: 2585 SW 105TH STREET  
City-St-Zip: OCALA, FL 34476 US

Title: DV (X) Change ( ) Addition  
Name: GOVONI, JOHN T  
Address: 2585 SW 105TH STREET  
City-St-Zip: OCALA, FL 34476

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JUDITH M. SMITH

PRES

04/27/2004

Electronic Signature of Signing Officer or Director

Date