

**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Feb 09, 2004  
Secretary of State**

DOCUMENT# N99000004209

Entity Name: FLORIDA COCKER SPANIEL RESCUE, INC.

**Current Principal Place of Business:**

LOVE ON PAWS  
4635 LAND O' LAKES BLVD.  
LAND O' LAKES, FL 34639

**New Principal Place of Business:**

**Current Mailing Address:**

LOVE ON PAWS  
4635 LAND O' LAKES BLVD.  
LAND O' LAKES, FL 34639

**New Mailing Address:**

FEI Number: 59-3581852      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

BARON, NANCY  
25910 BLUE JAY PLACE  
WESLEY CHAPEL, FL 33544      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: DP      ( ) Delete  
Name: CANSLER, CAROL  
Address: 27117 HICKORY HILL RD  
City-St-Zip: BROOKSVILLE, FL 346028290

Title: DVP      ( ) Delete  
Name: BARON, NANCY  
Address: 25910 BLUE JAY PL  
City-St-Zip: WESLEY CHAPEL, FL 33544

Title: TS      ( ) Delete  
Name: BARON, NANCY  
Address: 25910 BLUE JAY PLACE  
City-St-Zip: WESLEY CHAPEL, FL 33544

**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:

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: NANCY L. BARON

DVP

02/09/2004

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date