


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 01, 2005 08:00 AM
Secretary of State

DOCUMENT # 738821	
1. Entity Name K AND C PET RESCUE AND ADOPTION SOCIETY, INC.	

Principal Place of Business 9160 COMMONWEALTH AVENUE JACKSONVILLE, FL 32220 US	Mailing Address 9160 COMMONWEALTH AVENUE JACKSONVILLE, FL 32220
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DO NOT WRITE IN THIS SPACE



07282005 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-2113151	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

5. Name and Address of Current Registered Agent

MELTON, MARJORIE
9160 COMMONWEALTH AVENUE
JACKSONVILLE, FL 32220-1251

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

Filing Fee is \$61.25 Due by September 7, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD WAGES, BILLIE 1027 ST CLAIR ST. JACKSONVILLE, FL 32254
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD MELTON, MARJORIE 1080 N HALSEMA RD JACKSONVILLE, FL 32220
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD TRURENNA, DICKEY 1750 LIVE OAK DRIVE JACKSONVILLE, FL 32246
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD LORENZO, CHERYL 5426 ROSEDALE LANE JACKSONVILLE, FL 32244
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BLOOMFIELD, FRAN 3952 S LANE AVE JACKSONVILLE, FL 32210
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D DONNELLAN, KYM 8 HOBART AVE BEVERLY, MA 01915

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08/01/05-80005-019 61.25

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Marjorie C. Melton 7-28-05 904545250

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