2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # L24057

1. Entity Name

P. T. PET SITTING SERVICE, INC.

Principal Place of Business	Mailing Address
9510 RICHWOOD LANE PT. RICHEY, FL 34668	9510 RICHWOOD LANE PT. RICHEY, FL 34668

DO NOT WRITE IN THIS SPACE

04272007   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
59-2981594	Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

LEVY, JOAN M
9510 RICHWOOD LANE
PT RICHEY, FL 34668

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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

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

U06006754563

05/22/07-80066-011 150.00

FILE NOW!!! FEE IS $150.00
After May 1, 2007 Fee will be $550.00

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

10.	OFFICERS AND DIRECTORS	
TITLE	PD	
NAME	LEVY, JOAN M	
STREET ADDRESS	9510 RICHWOOD LANE	
CITY-ST-ZIP	PT RICHEY, FL	
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

DO NOT WRITE IN THIS SPACE

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 607, 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: *JOAN LEVY*   4/27/07   727-863-8214

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