2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE: _

ENATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

| DOCUMENT # L77629 1. Entity Name PETS U.S.A. NO. II OF SHENANDOA | AH, INC. | | Feb 26, 2004 08:00 AM Secretary of State |
|---|--|---|---|
| Principal Place of Business PETS USA II OF SHENANDOAH, NC 13614 W SR 84 DAVIE FL 33325 US | Mailing Address % JOHN KOHRS 13614 W SR 84 DAVIE FL 33325 US | | |
| 2. Principal Place of Business | 3. Mailing Address Suite, Apt. #, etc | | |
| Suite, Apt #, etc. | | | MOORE CR2E034 (11/03) |
| City & State | City & State | | 4. FEI Number 65-0246792 Applied For Not Applicable |
| Zip Country | Zıp | Country | 5. Certificate of Status Desired |
| 6. Name and Address of Current Registered Agent | | Name | 7. Name and Address of New Registered Agent |
| KOHRS, JOHN 13614 W SR 84 DAVIE FL 33325 | | Street Address | (P.O. Box Number is Not Acceptable) |
| DAVIL I E 33323 | | City | Zip Code |
| 8. The above named entity submits this statement | for the ourpose of changing its r | | FL Zip Code ered agent, or both, in the State of Florida. I am familiar with, and accept |
| the obligations of registered agent. SIGNATURE Signature Agent signature required when reinstating) DATE DATE | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department | of State | | 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees |
| 10. OFFICERS AND TITLE PD NAME KOHRS, JOHN STREET ADDRESS 13614 W SR 84 CITY-ST-ZIP DAVIE FL | D DIRECTORS ☐ Delete | 11. TITLE NAME STREET ADDRESS CITY-ST-ZIP | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 U00000066390 □ Change □ Addition 02/26/04-80013-011 150.00 |
| TITLE STD NAME KOHRS, MARCY STREET ADDRESS 13614 W SR 84 CITY-ST-ZIP DAVIE FL | ☐ Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | ☐ Change ☐ Addition |
| NAME STREET ADDRESS CITY-SI-JP | ☐ Delete | TITLE MAME STREET ADDRESS CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | ☐ Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | □ Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE NAME STREET ADDRESS CITY-SY-ZIP | □ Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | ☐ Change ☐ Addition |
| 12. I hereby certify that the information supplied with this filing does not qualify 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 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. | | | |

FILED