

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
04 OCT -4 PM 3:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L78379					
1. Entity Name BUDGET PETS, INC.					
Principal Place of Business 400 N. TAMPA STREET #2625 TAMPA, FL 33602			Mailing Address 400 N. TAMPA STREET #2625 TAMPA, FL 33602		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
4. FEI Number 65-0205774				Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WETHERINGTON, R. WADE 2625 PARK TOWER 400 N TAMPA ST TAMPA, FL 33602			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 registering) DATE _____					
FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees In accordance with s. 807.193(2)(b), F.S., the corporation did not receive the prior notice.			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP TRIANAFYLLOPOULOS, CONSTANTINE 4941 E. BUSCH BLVD. TAMPA, FL 33617 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT Nicholas Triantafyllopoulos 4410 W. Crest Ave., Warehouse B Tampa, FL 33614 ☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S TRIANAFULPOPOULOS, GEORGE 3318 W. CHEROKEE AVENUE TAMPA, FL ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS Elizabeth Grasho 4410 W. Crest Ave., Warehouse B Tampa, FL 33614 ☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T TRIANARYLLOPOULOS, MARIA 3318 W. CHEROKEE AVENUE TAMPA, FL ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	600041571076 10/04/04--01041--005 **150.00		
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-ST-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)(l), 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 persons empowered.					
SIGNATURE: _____ 9/15/04 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Deputies Phone #					