

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jul 30, 2004 8:00 am**  
**Secretary of State**

07-30-2004 90004 047 \*\*\*150.00

**DOCUMENT # M57098**

1. Entity Name

**YUPPY PUPPY & COMPANY, INC.**



Principal Place of Business

10416 W ATLANTIC BLVD  
CORAL SPRINGS, FL 33071

Mailing Address

10416 W ATLANTIC BLVD  
CORAL SPRINGS, FL 33071

**44050703**



07192004

No Chg-P

CR2E034 (10/03)

4. FEI Number

**59-2839628**

Applied For

Not Applied

5. Certificate of Status Desired



**\$8.75** Additional  
Fee Required

**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent

JUDITH A HOMICO (Homko)  
1955 NE 135TH ST #309  
NORTH MIAMI, FL 33181

**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

*Judith A Homico*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

*7/24/04*  
DATE

**FILE NOW!!! FEE IS \$550.00  
Due by September 8, 2004**

9. Election Campaign Financing  
Trust Fund Contribution.



**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
P  
LINN, JUDITH  
10420 W ATLANTIC BLVD  
CORAL SPRINGS, FL

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

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 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, changed, or on an attachment with an address, with all other filers empowered.

SIGNATURE:

*Judith A Linn (Judith Linn)*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*7/23/04 9547537647*  
Date Daytime Phone #

Attachment

44050703

# M 57098

Judith Linn

Notice to file  
never received.

No notice until  
Intent to dissolve  
Card.

Told promptly  
for 16 years!