

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 28, 2004 08:00 AM
Secretary of State

DOCUMENT # N00000000983 1. Entity Name ANIMALS INC.					
Principal Place of Business 2231 ENGLEWOOD ROAD ENGLEWOOD FL 34223			Mailing Address 2231 ENGLEWOOD ROAD ENGLEWOOD FL 34223		
2. Principal Place of Business Suite, Apt #, etc.		3. Mailing Address Suite, Apt #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent DEVINE, JAMES C 2231 ENGLEWOOD ROAD ENGLEWOOD FL 34223				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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				4. FEI Number 65-0996252	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required				Applied For Not Applicable	
SIGNATURE _____ (NOTE: Registered Agent signature required when re-listing)					
FILE NOW: FEE IS \$61.25 Due By May 1, 2004		9. Election Campaign Financing Trust Fund Contribution ☐		\$5.00 May Be Added to Fees	
Make Check Payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PVPD DEVINE, JAMES C 2231 ENGLEWOOD RD ENGLEWOOD FL 34223 ☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	U000000015938 01/28/04-80035-011 61.25 ☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD DEVINE, JANICE L 2231 ENGLEWOOD RD ENGLEWOOD FL 34223 ☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D CRAFT, RITA M 1313 LEAWOOD RD ENGLEWOOD FL 34223 ☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D DEVINE, JAMES C 2231 ENGLEWOOD RD ENGLEWOOD FL 34223 ☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
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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)(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 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:

James C Devine

1-22-04 941-475-5924