

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 28, 2005 8:00 am
Secretary of State

01-28-2005 90027 047 ****61.25

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

11098 S. FLUTTER TERR.

3. Mailing Address

11098 S. FLUTTER TERR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

INVERNESS, FL

City & State

City & State

INVERNESS, FL

Zip

34452

Country

USA

Zip

34452

Country

USA

4. FEI Number

65-0996252

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

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

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

Due By May 1, 2005

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

TITLE	PVPD	<input type="checkbox"/> Delete
NAME	DEVINE, JAMES C	
STREET ADDRESS	2231 ENGLEWOOD RD	
CITY-ST-ZIP	ENGLEWOOD FL 34223	
TITLE	STD	<input type="checkbox"/> Delete
NAME	DEVINE, JANICE L	
STREET ADDRESS	2231 ENGLEWOOD RD	
CITY-ST-ZIP	ENGLEWOOD FL 34223	
TITLE	D	<input type="checkbox"/> Delete
NAME	CRAFT, RITA M	
STREET ADDRESS	1313 LEAWOOD RD	
CITY-ST-ZIP	ENGLEWOOD FL 34223	
TITLE	D	<input type="checkbox"/> Delete
NAME	DEVINE, JAMES C	
STREET ADDRESS	2231 ENGLEWOOD RD	
CITY-ST-ZIP	ENGLEWOOD FL 34223	
TITLE	D	<input type="checkbox"/> Delete
NAME	DEVINE, JANICE L	
STREET ADDRESS	2231 ENGLEWOOD RD	
CITY-ST-ZIP	ENGLEWOOD FL 34223	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	11098 S. FLUTTER TERR	
CITY-ST-ZIP	INVERNESS, FL 34452	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	11098 S. FLUTTER TERR.	
CITY-ST-ZIP	INVERNESS, FL 34452	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	11098 S. FLUTTER TERR	
CITY-ST-ZIP	INVERNESS, FL 34452	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	11098 S. FLUTTER TERR	
CITY-ST-ZIP	INVERNESS, FL 34452	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

James C. Devine Pres

1-25-05 352-344-8129