

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 27, 2006 08:00 AM
Secretary of State

DOCUMENT # N00000000983

1. Entity Name
ANIMALS INC.



Principal Place of Business
**11098 SOUTH FLUTTER TERRACE
INVERNESS, FL 34452**

Mailing Address
**11098 SOUTH FLUTTER TERRACE
INVERNESS, FL 34452**



02222006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0996252	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**DEVINE, JAMES C
2231 ENGLEWOOD ROAD
ENGLEWOOD, FL 34223**

**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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PVPD
NAME	DEVINE, JAMES C
STREET ADDRESS	11098 SOUTH FLUTTER TERRACE
CITY-ST-ZIP	INVERNESS, FL 34452
TITLE	STD
NAME	DEVINE, JANICE L
STREET ADDRESS	11098 SOUTH FLUTTER TERRACE
CITY-ST-ZIP	INVERNESS, FL 34452
TITLE	D
NAME	CRAFT, RITA M
STREET ADDRESS	1313 LEAWOOD RD
CITY-ST-ZIP	ENGLEWOOD, FL 34223
TITLE	D
NAME	DEVINE, JAMES C
STREET ADDRESS	11098 SOUTH FLUTTER TERRACE
CITY-ST-ZIP	INVERNESS, FL 34452
TITLE	D
NAME	DEVINE, JANICE L
STREET ADDRESS	11098 SOUTH FLUTTER TERRACE
CITY-ST-ZIP	INVERNESS, FL 34452
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

1109801447662
03/08/06-80065-016 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/23/06 (352)344-8129
Daytime Phone #