

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

04-28-2005 90173 004 ****61.25

14005147



DOCUMENT # N00000001879 1. Entity Name PET SOCIETY, INC.					
Principal Place of Business 2922 UNITY TREE DR. EDGEWATER, FL 32141			Mailing Address 2922 UNITY TREE DR. EDGEWATER, FL 32141		
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 59-3637016	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent WAGNER, DONNA M 2922 UNITY TREE DR. EDGEWATER, FL 32141				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WAGNER, DONNA M		NAME		
STREET ADDRESS	2922 UNITY TREE DR.		STREET ADDRESS		
CITY-ST-ZIP	EDGEWATER, FL 32141		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MASON, KAREN		NAME		
STREET ADDRESS	1847 COCO PALM DR.		STREET ADDRESS		
CITY-ST-ZIP	EDGEWATER, FL 32141		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LICHTER, JUITH R		NAME		
STREET ADDRESS	826 NAVIGATOR WAY		STREET ADDRESS		
CITY-ST-ZIP	EDGEWATER, FL 32141		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	THOMPSON, SUZANNE		NAME		
STREET ADDRESS	690 GLEN CIR.		STREET ADDRESS		
CITY-ST-ZIP	NEW SMYRNA BEACH, FL 32168		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME			NAME	Director Paula Sandlin	
STREET ADDRESS			STREET ADDRESS	2702 Turnbull Estates DR	
CITY-ST-ZIP			CITY-ST-ZIP	New Smyrna Beach FL 32168	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME			NAME	Director Gillian M Canady	
STREET ADDRESS			STREET ADDRESS	321 Sea Hawk CT.	
CITY-ST-ZIP			CITY-ST-ZIP	Edgewater FL 32141	
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: <u>Donna M Wagner</u> <u>Donna M Wagner</u> <u>4/25/05</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					