2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 17, 2005 8:00 am
Secretary of State
02-17-2005 90021 021 ****61.25

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1. Entity Name
CHIHUAHUA RESCUE AND TRANSPORT, INC.

40019630

02132005 Chg-NP CR2E037 (10/03)

Principal Place of Business	Mailing Address
1932 WOODRING RD. SANIBEL, FL 33957-3433	1932 WOODRING RD. SANIBEL, FL 33957-3433

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	3414 PEMBERTON DR Suite, Apt. #, etc.
City & State	PEARLAND TX City & State
Zip / Country	77584 / USA Zip / Country

4. FEI Number 65-1018866 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
BALL, DIXIE LEE 1420 SE 47TH ST. CAPE CORAL, FL 33904	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

Filing 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD BUNTEN, LYNNIE 11489 S. FOSTER RD SAN ANTONIO, TX 78223	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD CRAVER, GRETCHEN 3414 PEMBERTON DR PEARLAND TX 77584-9483	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D PITRE, ROBIN 1714 ALTACREST DR. GRAPEVINE, TX 76051	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D O'BANNON, JORJANA 847 N.E. 100th SEATTLE WA 98125	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD BISSELL, LECLAIR 1932 WOODRING RD. SANIBEL, FL 339573433	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SOLOMON, TERESA 2350 JUNE SPRINGS DR MARIETTA GA 30008	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D VARCO, DEBORAH 3219 BURGANDY RD DECATUR, GA 30033	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SPANNRAFT, DAN 421 WEDGEMERE PL LIBERTYVILLE IL 60048	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D KRUGER, JENNY 6601 GULFPORT BLVD. S. SAINT PETERSBURG, FL 33707	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ROBINSON, JANICE 608 JEFFERSON CIR MARSHALL MN 56258	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD HASENSTAB, LAURA 1407 CHASE AVE CINCINNATI, OH 45223	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BABCOCK, JUDY 755 SHERRI CT BOSQUE FARMS NM 87068	☐ 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: Gretchen Craver, GRETCHEN CRAVER 2-14-2005 713-332-7109
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #