

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 07, 2005 08:00 AM
Secretary of State

DOCUMENT # N00000004324

1. Entity Name
COMPASSION SPAY/NEUTER, INC.



Principal Place of Business
**12177 TIMBERLANE
BROOKSVILLE, FL 34601**

Mailing Address
**12177 TIMBERLANE
BROOKSVILLE, FL 34601**



01252005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3656032	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**TRUSTY, ANDREA
12177 TIMBERLANE
BROOKSVILLE, FL 34601**

**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, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD TRUSTY, ROGER 12177 TIMBERLANE BROOKSVILLE, FL 34601
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD TRUSTY, ANDREA B 12177 TIMBERLANE BROOKSVILLE, FL 34601
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD DENTON, JAMES 14484 BROOKRIDGE BLVD BROOKSVILLE, FL 34613
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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02/08/05-80013-022 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

Andrea B. Trusty
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/4/05 *(352) 799-0636*
Date Daytime Phone #

ANDREA B. TRUSTY