

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 29, 2004 8:00 am**  
**Secretary of State**

04-29-2004 90314 018 \*\*\*\*61.25

<b>DOCUMENT # N00000004398</b> 1. Entity Name <b>HAPPY TAILS ANIMAL RESCUE, INC.</b>			
Principal Place of Business <b>1034 SHIPWATCH DR SATELLITE ADOPTIONS JACKSONVILLE FL 32225</b>		Mailing Address <b>1034 SHIPWATCH DR JACKSONVILLE FL 32225</b>	
2. Principal Place of Business <i>VARIOUS ADOPT-ORLANS</i> <i>for Pets - PetStores</i> <i>etc.</i>		3. Mailing Address <i>1034 Shipwatch Dr.</i> Suite, Apt. #, etc. _____	
City & State _____		City & State <i>Jacksonville FL</i>	
Zip _____	Country _____	Zip <i>32225</i>	Country <i>USA</i>
4. FEI Number <b>59-3666312</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>BEECROFT, PHYLLIS L 1034 SHIPWATCH DR E JACKSONVILLE FL 32225</b>		7. Name and Address of New Registered Agent Name <i>N/A</i> Street Address (P.O. Box Number is Not Acceptable) _____ City <b>FL</b> 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 <i>Phyllis L Beecroft</i> <small>Signature, typed or printed name of registered agent and title if applicable.</small>		DATE <i>April 16-04</i> <small>(NOTE: Registered Agent signature required when reinstating)</small>	
<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>Make Check Payable to Florida Department of State</b>			
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BONDI, GAIL 11374 WEEDEN ISLAND WAY JACKSONVILLE FL 32225	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ELAINE ANDERSON 11344 Woodson Ln. N. JACKSONVILLE, FL 32225
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD KLOTH, DEBRA 2541 PAULA AVE JACKSONVILLE FL 32207	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SANDRA GRESS 4654 BANKHEAD AVE JACKSONVILLE, FL 32207
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BEECROFT, PHYLLIS L 1034 SHIPWATCH DR E JACKSONVILLE FL 32207	TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WARE, BETTY J 77 WAKEFIELD NEWMAN GA 30265	TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WALKER, LINDA 1376 MALVERNE AVE JACKSONVILLE FL 32211	TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HIGHFILL, LYNNE 2751 CANYON FALLS DR JACKSONVILLE FL 32224	TITLE 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: <i>Phyllis L Beecroft</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		DATE <i>April 16-04</i> (904)-780027 <small>Daytime Phone #</small>	