

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

**FILED**  
**Jul 05, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # N00000008448**

1. Entity Name

KEY WEST PET TASK FORCE, INC.



Principal Place of Business

1523 PATRICIA ST.  
KEY WEST, FL 33040

Mailing Address

1523 PATRICIA ST.  
KEY WEST, FL 33040



06302006 No Chg-NP

CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

65-1076980

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

FAVELLI, GEORGIA  
1523 PATRICIA ST.  
KEY WEST, FL 33040

**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 September 8, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D  
NAME FAVELLI, GEORGIA  
STREET ADDRESS 1523 PATRICIA ST.  
CITY-ST-ZIP KEY WEST, FL 33040

TITLE D  
NAME JAMES, KARLA  
STREET ADDRESS 1523 PATRICIA ST.  
CITY-ST-ZIP KEY WEST, FL 33040

TITLE D  
NAME FAVELLI, THOMAS  
STREET ADDRESS 1523 PATRICIA ST.  
CITY-ST-ZIP KEY WEST, FL 33040

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

U000000567944  
07/05/06-80002-022 61.25

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the 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:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*Georgia FAVELLI (D)* 6/30/06 305-293-9836