


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 26, 2005 8:00 am
Secretary of State

01-26-2005 90013 029 ****61.25

DOCUMENT # N00900	
1. Entity Name FRIENDS OF PETS, INC.	

Principal Place of Business 608 PORTSIDE LANE EDGEWATER, FL 32141	Mailing Address 608 PORTSIDE LANE EDGEWATER, FL 32141
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40006916



01072005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2438282	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent MACDONALD, KAREN 608 PORTSIDE LANE EDGEWATER, FL 32141

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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 <u>Karen MacDonald, Treasurer</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small>	DATE

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
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MOODY, PAT 337 SCHOONER EDGEWATER, FL 32141
TITLE NAME STREET ADDRESS CITY-ST-ZIP	2VP ROCHE, VIRGINIA H 1422 S RIVERSIDE DRIVE NEW SMYRNA BEACH, FL 32168
TITLE NAME STREET ADDRESS CITY-ST-ZIP	RSD DION, BARBARA 361 PATRICIA DR. NEW SMYRNA BEACH, FL 32168
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MACDONALD, KAREN 608 PORTSIDE LANE EDGEWATER, FL 32141
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1VP GERSPER, RUSTY 364 GLENEAGLES DR. NEW SMYRNA BEACH, FL 32168
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PC HUFF, PAT 88 CUNNINGHAM DR NEW SMYRNA BEACH, FL 32168

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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.	
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SIGNATURE: <u>Karen MacDonald</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<u>386-423-1715</u> <small>Daytime Phone #</small>
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