

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 14, 2008 08:00 AM
Secretary of State

DOCUMENT # N01000000250

1. Entity Name
ANIMAL HELPERS OF N.W. FL, INC.



Principal Place of Business

3603 MOBILE HWY
#B
PENSACOLA, FL 32505

Mailing Address

PO BOX 36333
PENSACOLA, FL 32516



01102008 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3712194

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MELEI, STEVEN E
3603 MOBILE HWY
PENSACOLA, FL 32505

**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)

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

01/16/08-80015-022 61.25

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DPT
MELEI, STEVEN
3603 MOBILE HWY.
PENSACOLA, FL 32505

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DV
BLAKENEY, SHANDI
8314 GARDENIA CIR.
PENSACOLA, FL 32534

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
HAHN, NEIL
3512 W. JACKSON ST.
PENSACOLA, FL 32505

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
MELEI, JOSEPH E SR
815 KIRK ST.
PENSACOLA, FL 32505

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
MELEI, JOSEPH E II
1022 N. R STREET
PENSACOLA, FL 32505

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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 #

1-10-08 5804708420