

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000003365

FILED  
May 30, 2007  
Secretary of State

**Entity Name:** PURRFECT LOVE CAT AND KITTEN RESCUE, INC.

**Current Principal Place of Business:**

4752 GODWIN AVE  
JACKSONVILLE, FL 32210

**New Principal Place of Business:**

**Current Mailing Address:**

4752 GODWIN AVENUE  
JACKSONVILLE, FL 32210

**New Mailing Address:**

**FEI Number:** 59-3718803      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

RAMBO, DEBORAH  
4752 GODWIN AVE  
JACKSONVILLE, FL 32210      US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD      ( ) Delete  
Name: RAMBO, DEBBIE  
Address: 4752 GODWIN AVENUE  
City-St-Zip: JACKSONVILLE, FL 32210

Title: VPD      (X) Delete  
Name: CLARK, PRISCILLA  
Address: 3561 ABBY LANE  
City-St-Zip: JACKSONVILLE, FL 32207

Title: ST      (X) Delete  
Name: CLARK, SHARON  
Address: 6999-03 MERRILL ROAD, PMB 323  
City-St-Zip: JACKSONVILLE, FL 32277

Title: VPD      ( ) Delete  
Name: HAYNES, PEGGY  
Address: 13937 DUVAL RD  
City-St-Zip: JACKSONVILLE, FL 32218

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DEBORAH RAMBO

PD

05/30/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date