

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000003880

Entity Name: FERRETS-N-LIMBO, INC.

FILED  
Apr 13, 2004  
Secretary of State

**Current Principal Place of Business:**

1118 MARTEX DRIVE  
APOPKA, FL 32703

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 161432  
ALTAMONTE SPRINGS, FL 32716 US

**New Mailing Address:**

FEI Number: 59-3699817

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

ALVERSON, MICHELLE  
1118 MARTEX DRIVE  
APOPKA, FL 32703

**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: D ( ) Delete  
Name: CORLIN, GAIL T  
Address: 5315 NORTH LAKE BURKETT LANE  
City-St-Zip: WINTER PARK, FL 32792 US

Title: D ( ) Delete  
Name: GRIFFITH, SHARON S  
Address: 821 RIVERBEND BLVD.  
City-St-Zip: LONGWOOD, FL 32779 US

Title: D ( ) Delete  
Name: ALVERSON, MICHELLE J P  
Address: 1118 MARTEX DRIVE  
City-St-Zip: APOPKA, FL 32703 US

Title: D ( ) Delete  
Name: GRIFFITH, JASON W D  
Address: 1118 MARTEX DRIVE  
City-St-Zip: APOPKA, FL 32703 US

Title: D ( ) Delete  
Name: PEET, SUE VP  
Address: 333 HEATH LANE  
City-St-Zip: CASSELBERRY, FL 32707 US

**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:

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

I hereby certify that the information supplied with this filing does not qualify for the 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 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: MICHELLE ALVERSON

D

04/13/2004

Electronic Signature of Signing Officer or Director

Date