

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000003880

FILED
Jan 11, 2005
Secretary of State

Entity Name: FERRETS-N-LIMBO, INC.

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 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: 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 (X) 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: D (X) Change () Addition
Name: GRIFFITH, JASON W VP
Address: 1118 MARTEX DRIVE
City-St-Zip: APOPKA, FL 32703 US

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

P

01/11/2005

Electronic Signature of Signing Officer or Director

Date