

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2008 8:00 am
Secretary of State

04-07-2008 90067 025 ****70.00



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1. Entity Name
PET NETWORK, INC.

Principal Place of Business
 15450 S.E. 60TH ST
 MORRISTON, FL 32668

Mailing Address
 15450 S.E. 60TH ST
 MORRISTON, FL 32668



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04032008 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number
59-3746153

Applied For
 Not Applicable

Zip Country

Zip Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

TAAFFE, MARY
 15450 SE 60TH ST
 MORRISTON, FL 32668

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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 _____ DATE _____
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

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	TAAFFE, MARY	
STREET ADDRESS	15450 S.E. 60TH ST	
CITY-ST-ZIP	MORRISTON, FL 32668	
TITLE	STD	<input type="checkbox"/> Delete
NAME	DICKINSON, GERTRUDE C	
STREET ADDRESS	7963 CR 247	
CITY-ST-ZIP	LAKE PANASOFFEE, FL 33538	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	ALDEN, MAE M	
STREET ADDRESS	8050 NE 176TH AVE	
CITY-ST-ZIP	WILLISTON, FL 32696	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Woodrow Gilliland	
STREET ADDRESS	6073 SE 19th Ct	
CITY-ST-ZIP	Ocala, FL 34480	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Ingrid Herrmann	
STREET ADDRESS	18690 SE 23rd Place	
CITY-ST-ZIP	Morrison, FL 32668	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: Gertrude C. Dickinson, Secretary/Treasurer Date _____ Daytime Phone # _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR