

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2005 8:00 am
Secretary of State

04-12-2005 90159 019 ****61.25

DOCUMENT # N01000006055 1. Entity Name ANIMAL ASSISTANCE SPECIALISTS, INC.					
Principal Place of Business 6658 GRACE ST, NW MILTON, FL 32570			Mailing Address PO BOX 934 MILTON, FL 32572		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
4. FEI Number 59-3741270				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ABELING, JO (JODI) 6658 GRACE ST, NW MILTON, FL 32570			7. Name and Address of New Registered Agent 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small>					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	DCP		TITLE		
NAME	ABELING, JO (JODI) <input type="checkbox"/> Delete		NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	PO BOX 164		STREET ADDRESS		
CITY-ST-ZIP	MILTON, FL 325720164		CITY-ST-ZIP		
TITLE	DV <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ABELING, GREGORY		NAME		
STREET ADDRESS	PO BOX 164		STREET ADDRESS		
CITY-ST-ZIP	MILTON, FL 325720164		CITY-ST-ZIP		
TITLE	D <input checked="" type="checkbox"/> Delete		TITLE	TRAINING DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	RISLEY, ANNE		NAME	HOLLY CANNON	
STREET ADDRESS	1450 BELL CREEK RD		STREET ADDRESS	10132 BELL BROOK	
CITY-ST-ZIP	JAY, FL 32565		CITY-ST-ZIP	MILTON, FL 32583	
TITLE	<input type="checkbox"/> Delete		TITLE	SECRETARY <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME			NAME	SUZANNE MOONEY	
STREET ADDRESS			STREET ADDRESS	P.O. Box 713	
CITY-ST-ZIP			CITY-ST-ZIP	MILTON, FL 32572	
TITLE	<input type="checkbox"/> Delete		TITLE	EDUCATIONAL COORDINATOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME			NAME	THEKESA DICKERSON	
STREET ADDRESS			STREET ADDRESS	P.O. Box 164	
CITY-ST-ZIP			CITY-ST-ZIP	MILTON, FL 32572	
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify 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 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: <i>Jo (Jodi) Abeling</i>			4-9-05		850-993-6372
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date</small>		<small>Daytime Phone #</small>

Jo (Jodi) Abeling