


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 08, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT #</b> N01000008918	
1. Entity Name HALFPINT HAVEN BORZOI AND GREYHOUND ADOPTIONS, INC.	

Principal Place of Business 3027 WALTER ROAD JACKSONVILLE, FL 32254	Mailing Address 3027 WALTER ROAD JACKSONVILLE, FL 32254
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02042005 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 01-0578428	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
  
SIMPSON, MARY E  
3027 WALTER ROAD  
JACKSONVILLE, FL 32254

**DO NOT WRITE  
IN THIS SPACE**

7. 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reappointing)

DATE \_\_\_\_\_

Filing Fee is \$61.25 Due by May 1, 2005	8. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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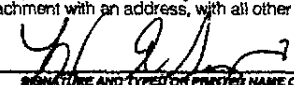
10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SIMPSON, MARY E 3027 WALTER ROAD JACKSONVILLE, FL 32254
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MANSFIELD, WAYNE 3027 WALTER ROAD JACKSONVILLE, FL 32254
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SEGAL, TERRI 3027 WALTER ROAD JACKSONVILLE, FL 32254
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

100000255496  
03/08/05-80015-020 61.25

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:  3-4-05 9046933812

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR \_\_\_\_\_ Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_