

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000000664

FILED
Apr 28, 2005
Secretary of State

Entity Name: HEIDI'S LEGACY: DOG RESCUE, INC.

Current Principal Place of Business:

3102 NICHOLS ROAD
LITHIA, FL 33547

New Principal Place of Business:

Current Mailing Address:

3102 NICHOLS ROAD
LITHIA, FL 33547

New Mailing Address:

FEI Number: 01-0603754

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HOFFMAN, L.
3102 NICHOLS ROAD
LITHIA, FL 33547 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: DPST () Delete
Name: HOFFMAN, L.
Address: 3102 NICHOLS ROAD
City-St-Zip: LITHIA, FL 33547

Title: DVP () Delete
Name: HOFFMAN, A.B.
Address: 3102 NICHOLS RD.
City-St-Zip: LITHIA, FL 33547

Title: DVP () Delete
Name: HOFFMAN, A.G.
Address: 3102 NICHOLS RD.
City-St-Zip: LITHIA, FL 33547

Title: D (X) Delete
Name: MCLAUGHLIN, DONNIE
Address: 910 RIDGELAND LANE
City-St-Zip: VALRICO, FL 33594

Title: D (X) Delete
Name: FEGER, MIKE
Address: 910 RIDGELAND LANE
City-St-Zip: VALRICO, FL 33594

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: DVP (X) Change () Addition
Name: SCOTT, A.B.
Address: 416 SUMMER SAILS DRIVE
City-St-Zip: VALRICO, FL 33594

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: L. HOFFMAN

PRES

04/28/2005

Electronic Signature of Signing Officer or Director

Date