


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 07, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT #</b> N02000002176	
<b>1. Entity Name</b> ESCAROSA GREYHOUND ADOPTIONS, INC.	

<b>Principal Place of Business</b> 9200 MAGNOLIA SPRINGS RD PENSACOLA, FL 32526	<b>Mailing Address</b> 2875 W MICHIGAN AVE #8217 PENSACOLA, FL 32526
---	--

DO NOT WRITE IN THIS SPACE



03242004 No Chg-NP CR2E037 (10/03)

<b>4. FEI Number</b> 31-1781832	<b>Applied For</b> <input type="checkbox"/> Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

<b>6. Name and Address of Current Registered Agent</b>  MASSARO, MICHAEL 9200 MAGNOLIA SPRINGS RD PENSACOLA, FL 32526	DO NOT WRITE IN THIS SPACE
---	-------------------------------

**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** \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ **DATE** \_\_\_\_\_

<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2004</b>	<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	<b>U00000105758</b> <b>04/07/04-80038-012 61.25</b>
---	---	--

10. OFFICERS AND DIRECTORS	
<b>TITLE</b>	D
<b>NAME</b>	MASSARO, MICHAEL
<b>STREET ADDRESS</b>	9200 MAGNOLIA SPRINGS RD
<b>CITY - ST - ZIP</b>	PENSACOLA, FL 32526
<b>TITLE</b>	D
<b>NAME</b>	CHEW, CLINTON J
<b>STREET ADDRESS</b>	8065 N NINTH AVENUE
<b>CITY - ST - ZIP</b>	PENSACOLA, FL 32526
<b>TITLE</b>	D
<b>NAME</b>	MASSARD, THOMAS
<b>STREET ADDRESS</b>	115 A YOAKUM CT
<b>CITY - ST - ZIP</b>	PENSACOLA, FL 32505
<b>TITLE</b>	
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY - ST - ZIP</b>	
<b>TITLE</b>	
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY - ST - ZIP</b>	

DO NOT WRITE  
IN THIS SPACE

**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:** Michael Massaro **MICHAEL MASSARO** **3/31/04** **850 944 2033**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #