

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 04, 2005 08:00 AM
Secretary of State

DOCUMENT # N02000002176

1. Entity Name

ESCAROSA GREYHOUND ADOPTIONS, INC.



Principal Place of Business

9200 MAGNOLIA SPRINGS RD
PENSACOLA, FL 32526

Mailing Address

2875 W MICHIGAN AVE #8217
PENSACOLA, FL 32526



03292005 No Chg-NP

CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number

31-1781832

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MASSARO, MICHAEL
9200 MAGNOLIA SPRINGS RD
PENSACOLA, FL 32526

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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

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D
NAME MASSARO, MICHAEL
STREET ADDRESS 9200 MAGNOLIA SPRINGS RD
CITY, ST, ZIP PENSACOLA, FL 32526

TITLE D
NAME CHEW, CLINTON J
STREET ADDRESS 8065 N NINTH AVENUE
CITY, ST, ZIP PENSACOLA, FL 32526

TITLE D
NAME MASSARD, THOMAS
STREET ADDRESS 115 A YOAKUM CT
CITY, ST, ZIP PENSACOLA, FL 32505

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

1100000288271
04/05/05-80003-008 61.25

**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)(f), 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/31/05

850 944 2032