


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 06, 2006 08:00 AM**  
**Secretary of State**

DOCUMENT # N02000002176 1. Entity Name ESCAROSA GREYHOUND ADOPTIONS, INC.	
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Principal Place of Business 9200 MAGNOLIA SPRINGS RD PENSACOLA, FL 32526	Mailing Address 2875 W MICHIGAN AVE #8217 PENSACOLA, FL 32526
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03282006 No Chg-NP CR2E037 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 31-1781832	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent  MASSARO, MICHAEL 9200 MAGNOLIA SPRINGS RD PENSACOLA, FL 32526
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**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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
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**Filing Fee is \$61.25  
Due by May 1, 2006**

9. 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 MASSARO, MICHAEL 9200 MAGNOLIA SPRINGS RD PENSACOLA, FL 32526
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D CHEW, CLINTON J 8055 N NINTH AVENUE PENSACOLA, FL 32528
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MASSARD, THOMAS 115 A YOAKUM CT PENSACOLA, FL 32505
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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04/22/06-80031-021 61.25

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 L. Massaro  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/1/06  
Date

850-944-2033  
Daytime Phone #