

**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 03, 2007 08:00 A**  
**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



04242007 No Chg-NP

CR2E037 (4/06)

**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

**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 \_\_\_\_\_

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, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

U000000760563  
05/25/07-80019-001 61.25

**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

**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 Massaro MICHAEL MASSARO pm  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/07  
Date

850-944-203  
Daytime Phone #