


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 15, 2004 08:00 AM
Secretary of State

DOCUMENT # N02000005354	
1. Entity Name 4 PETS SAKE, INC.	

Principal Place of Business 6310 N.W. 50TH STREET BELL, FL 32619	Mailing Address 6310 N.W. 50TH STREET BELL, FL 32619
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01142004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 68-0513446	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent EMENECKER, WARREN H SR 6310 N.W. 50TH STREET BELL, FL 32619

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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, 2004	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 EMENECKER, WARREN H SR 6310 N.W. 50TH STREET BELL, FL 32619
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D EMENECKER, IRENE D 6310 N.W. 50TH STREET BELL, FL 32619
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GRAY, ELIZABETH 5400 SE 2ND PLACE TRENTON, FL 32693
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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01/15/04-80042-008 61.25

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: Warren H Emenecker Sr. Warren H Emenecker 1/14/04 935-0975 ³⁸⁶

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #