

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Mar 02, 2006 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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

68-0513446

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

EMENECKER, WARREN H SR  
6310 N.W. 50TH STREET  
BELL FL 32619

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 renewing)

DATE

FILE NOW: FEE IS \$61.25  
Due By May 1, 2006

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

Make Check Payable to  
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME	D EMENECKER, WARREN H SR <input type="checkbox"/> Delete
STREET ADDRESS	6310 N.W. 50TH STREET
CITY- ST- ZIP	BELL FL 32619
TITLE NAME	D EMENECKER, IRENE D <input type="checkbox"/> Delete
STREET ADDRESS	6310 N.W. 50TH STREET
CITY- ST- ZIP	BELL FL 32619
TITLE NAME	D GRAY, ELIZABETH <input type="checkbox"/> Delete
STREET ADDRESS	5400 SE 2ND PLACE
CITY- ST- ZIP	TRENTON FL 32693
TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS	
CITY- ST- ZIP	
TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS	
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TITLE NAME	<input type="checkbox"/> Delete
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CITY- ST- ZIP	

TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Add
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STREET ADDRESS	
CITY- ST- ZIP	

000010453023  
03/14/06-80002-022 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Warren H Emenecker SR Warren H Emenecker SR 2/28/06 935091