

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000009275

FILED
Jul 14, 2006
Secretary of State

Entity Name: SERENITY PET RESQ, INC.

Current Principal Place of Business:

1017 SW 115TH STREET
GAINESVILLE, FL 32607

New Principal Place of Business:

Current Mailing Address:

1017 SW 115TH STREET
GAINESVILLE, FL 32607

New Mailing Address:

FEI Number: 30-0143008 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

PETERSON, CHERIANN B
1017 SW 115TH STREET
GAINESVILLE, FL 32607 US

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: BUMGARNER, RON W D
Address: 1017 SW 115TH ST
City-St-Zip: GAINESVILLE, FL 32607 US

Title: D () Delete
Name: BUMGARNER, ANN G D
Address: 1017 SW 115TH ST
City-St-Zip: GAINESVILLE, FL 32607 US

Title: CEO () Delete
Name: PETERSON, CHERIANN B P/D
Address: 1017 SW 115TH ST
City-St-Zip: GAINESVILLE, FL 32607 US

Title: D () Delete
Name: FINE, JENNIFER VP/D
Address: 109 QUAIL OAKS CIRCLE
City-St-Zip: GROVELAND, FL 34736

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHERIANN B. PETERSON

MS.

07/14/2006

Electronic Signature of Signing Officer or Director

Date