

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000009275

FILED  
Apr 28, 2008  
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 ( )

## Name and Address of Current Registered Agent:

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

## Name and Address of New Registered Agent:

BUMGARNER, ANN G D  
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: ANN G. BUMGARNER

04/28/2008

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: CEO (X) Change ( ) Addition  
Name: BUMGARNER, RON W D  
Address: 1017 SW 115TH ST  
City-St-Zip: GAINESVILLE, FL 32607 US

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

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

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

I hereby certify that the information supplied with this filing does not qualify 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: ANN G. BUMGARNER

D

04/28/2008

Electronic Signature of Signing Officer or Director

Date