

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000002289

FILED
May 02, 2004
Secretary of State**Entity Name:** PUPPY HUGGERS & KITTEN CUDDLERS, INC.**Current Principal Place of Business:**3927 VERSAILLES DRIVE
TAMPA, FL 33634 US**New Principal Place of Business:****Current Mailing Address:**3927 VERSAILLES DRIVE
TAMPA, FL 33634 US**New Mailing Address:****FEI Number:** 75-3094128**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**ALUISY, RACQUEL
2780 E. FOWLER AVENUE
#242
TAMPA, FL 33618 US**Name and Address of New Registered Agent:**

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: PRES () Delete
Name: FELTY, HOLLY
Address: 3927 VERSAILLES DRIVE
City-St-Zip: TAMPA, FL 33634 US

Title: VP () Delete
Name: ALUISY, RACQUEL
Address: 2780 E. FOWLER AVENUE, # 242
City-St-Zip: TAMPA, FL 33618 US

Title: TREA (X) Delete
Name: BAKER, LINDA
Address: 3607 NORTH ARMENIA AVENUE
City-St-Zip: TAMPA, FL 33607 US

Title: SEC (X) Delete
Name: ARMSTRONG, BILL
Address: P.O. BOX 1298
City-St-Zip: MANGO, FL 33550 US

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 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 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: HOLLY FELTY

PRES

05/02/2004

Electronic Signature of Signing Officer or Director

Date