

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 19, 2006 8:00 am
Secretary of State

01-19-2006 90077 013 ****61.25

DOCUMENT # N04000004365 1. Entity Name PET FLORIDA - PENNEY FARMS, INC.																																																																																																																													
Principal Place of Business POST OFFICE BOX 919 PENNEY FARMS, FL 32079-0919			Mailing Address P.O. BOX 919 PENNEY FARMS, FL 32079																																																																																																																										
2. Principal Place of Business 2533 Hwy 16 W Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.																																																																																																																											
City & State Penney Farms, FL Zip 32079		City & State Zip Country		4. FEI Number 56-2462370																																																																																																																									
5. Certificate of Status Desired <input type="checkbox"/>		Applied For <input type="checkbox"/> Not Applicable																																																																																																																											
6. Name and Address of Current Registered Agent HILLS, LAWRENCE 4400 POLING APT 106-A PENNEY FARMS, FL 32079																																																																																																																													
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>																																																																																																																													
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. <div style="display: flex; justify-content: space-between; align-items: center;"> <div style="width: 40%;"> SIGNATURE: <small>Signature, typed or printed name of registered agent and title if applicable.</small> </div> <div style="width: 40%; text-align: right;"> 1/16/06 <small>DATE</small> </div> </div>																																																																																																																													
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees																																																																																																																									
Make check payable to Florida Department of State																																																																																																																													
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <u>Barbara H. Chase</u> <u>Barbara H. Chase, Treasurer</u> <u>1/16/06</u> <u>-904-284-0525</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>																																																																																																																													