



2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2007 8:00 am
Secretary of State

01-22-2007 90099 015 ****61.25

DOCUMENT # N04000004365 1. Entity Name PET FLORIDA - PENNEY FARMS, INC.					
Principal Place of Business 2533 HWY 16 W PENNEY FARMS, FL 32079			Mailing Address P.O. BOX 919 PENNEY FARMS, FL 32079		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State Zip Country		City & State Zip Country		4. FEI Number 56-2462370	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				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 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2007		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					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S VINKEMULDER, YVONNE 3460 CAROLINE ST APT 206-4 PENNEY FARMS, FL 32079		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vinkemulder, Yvonne 3460 Caroline St. Apt 206-4 Penney Farms, FL 32079	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ARCHIBALD, JAMES P 4260 WILBANKS PENNEY FARMS, FL 32079		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Jacoby, Walter 4395 Studio Rd. Penney Farms, FL 32079	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PUCKETT, LOYD 3490 CAROLINE ST APT 310-C PENNEY FARMS, FL 32079		TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HALL, MARIAN 4460 Poling - Apt 106-B Penney Farms, FL 32079	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CHASE, BARBARA H 4355-A STUDIO ROAD PENNEY FARMS, FL 32079		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Scofield, Donald 3580 Dwight Penney Farms, FL 32079	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DEVILLE, THOMAS 3238 STATE ROAD 16 PENNEY FARMS, FL 32079		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Loughhead, Wilda 3509-A Hoffman Penney Farms, FL 32079	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KAEIN, JIM 1715 VILLAGE WAY ORANGE PARK, FL 32065		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Puckett, Loyd 3490 Caroline - Apt 310-C Penney Farms, FL 32079	
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: <i>Barbara H. Chase, Treasurer</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			1/19/07 -904-284-0605 <small>Date Daytime Phone #</small>		