2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 04, 2005
Secretary of State

DOCUMENT# N04000007485

Entity Name: DESOTO COUNTY PET THERAPY INC.

Current Principal Place of Business:

1693 PINE CREEK AVE
ARCADIA, FL 34266

New Principal Place of Business:

Current Mailing Address:

1693 PINE CREEK AVE
ARCADIA, FL 34266

New Mailing Address:

FEI Number: 20-1442834 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

COKER, BONNIE
1693 PINE CREEK AVE
ARCADIA, FL 342666 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: BONNIE, COKER
Address: 1693 PINE CREEK AVE
City-St-Zip: ARCADIA, FL 34266

Title: VP ( ) Delete
Name: SUZANNE, WILK
Address: 10461 S.E. SHELFER AVE
City-St-Zip: ARCADIA, FL 34266

Title: TRES ( ) Delete
Name: MITZIE, MCGAVIC
Address: 7730 S.W. ENVIRONMENTAL LAB ST.
City-St-Zip: ARCADIA, FL 34266

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VP (X) Change ( ) Addition
Name: CINDY, ALLEN
Address: 1606 N.W. WINDY PINE WAY
City-St-Zip: ARCADIA, FL 34266

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: BONNIE COKER PRES 01/04/2005

Electronic Signature of Signing Officer or Director — Date