2007 NOT CORPORATION ANNUAL REPORT (AR)

Feb 14, 2007 8:00 am DOCUMENT # N0400000ball8 **Secretary of State** 1. Entity Name 02-14-2007 90058 024 ****61.25 JURY-DUTY SPAY AND NEUTER PROGRAM INC. Principal Place of Business Mailing Address 109 NORTH PALAFOX STREET 109 NORTH PALAFOX STREET PENSACOLA FL 32503 US PENSACOLA FL 32503 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/06) City & State City & State 4. FEI Number Applied For 20-1969497 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name FARRAR, CYNTHIA K Street Address (P.O. Box Number is Not Acceptable) 3421 OAKMONT DRIVE PENSACOLA FL 32503 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to **\$5.00** May Be Due By May 1, 2007 Trust Fund Contribution. Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. Addition TITLE ☐ Delete TITLE GREGORY P. FAIRRAIR NAME FARRAR, CYNTHIA NAME 3421 DAKMON DIE STREET ADDRESS STREET ADDRESS 3421 OAKMONT DR NS. FI 32503 CITY-ST-ZIP CITY-ST-ZIP PENSACOLA FL 32503 CORPORAGE SECRETARY ☐ Delete IIILE VΡ TITLE Change ☐ Addition NAME KYSER, BETTY NAME LYSER, BETTY STREET ADORESS STREET ADDRESS 3440 LA MANCHA WAY CITY ST-ZIP PENSACOLA FL 32503 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME ZUMBADO, HERMI STREET ADDRESS STREET ADDRESS 6902 N.W. 19TH ST CITY - ST- ZIP CITY-ST-ZIP MARGATE FL 33063 IIILE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP THE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS

12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Section 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.

CITY-ST-ZIP

SIGNATURE: _

CITY-ST-ZIP

MATURE AND TYPED OR PRENTED NAME OF BIONING OFFICER OR DIRECTOR

2.5.7

850 221-8904

FILED

Daytime Phone