


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 31, 2007 8:00 am**  
**Secretary of State**

01-31-2007 90037 030 \*\*\*\*61.25

<b>DOCUMENT # N04000009645</b> 1. Entity Name <b>ROOM FOR ONE MORE PET RESCUE, INC.</b>					
Principal Place of Business <b>10822 SOUTH DARCEY PATH FLORAL CITY, FL 34436</b>			Mailing Address <b>10822 SOUTH DARCEY PATH FLORAL CITY, FL 34436</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
JACOBSON, MELISSA 10822 SOUTH DARCEY PATH FLORAL CITY, FL 34436			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 _____ (NOTE: Registered Agent signature required when reinstating)					
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	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	JACOBSON, MELISSA		NAME		
STREET ADDRESS	10822 SOUTH DARCEY PATH		STREET ADDRESS		
CITY-ST-ZIP	FLORAL CITY, FL 34436		CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	JACOBSON, JAMES W JR		NAME		
STREET ADDRESS	10822 SOUTH DARCEY PATH		STREET ADDRESS		
CITY-ST-ZIP	FLORAL CITY, FL 34436		CITY-ST-ZIP		
TITLE	S/TR	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ANDRIAN, BONNIE		NAME		
STREET ADDRESS	10822 SOUTH DARCEY PATH		STREET ADDRESS		
CITY-ST-ZIP	FLORAL CITY, FL 34436		CITY-ST-ZIP		
TITLE	MEM	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SCHMID, DONNA		NAME		
STREET ADDRESS	5075 SOUTH SHORELINE DRIVE		STREET ADDRESS		
CITY-ST-ZIP	FLORAL CITY, FL 34436		CITY-ST-ZIP		
TITLE	MEM	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CURTIS, KARRON		NAME		
STREET ADDRESS	8132 SOUTH KIMBERLY CIRCLE		STREET ADDRESS		
CITY-ST-ZIP	FLORAL CITY, FL 34436		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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>Bonnie Andrian</u> <u>Bonnie Andrian</u> 01-27-07 352-341-2222					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					

40007093



01212007 Chg-NP CR2E037 (12/06)

4. FEI Number  
20-1725690

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25  
Due by May 1, 2007

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

Make check payable to  
Florida Department of State

10. OFFICERS AND DIRECTORS

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STREET ADDRESS		
CITY-ST-ZIP		

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CITY-ST-ZIP		
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SIGNATURE:

Bonnie Andrian  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #