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Secretary of State

04-26-2007 90208 015 ****70.00

**'2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # N04000011156

1. Entity Name
SUPERIOR MUTTS DOGGIE RESCUE INC



Principal Place of Business
**800 ELLWOOD AVENUE
ORLANDO, FL 32804 US**

Mailing Address
**P O BOX 561340
ORLANDO, FL 32856 US**

DO NOT WRITE IN THIS SPACE



04112007 No Chg-NP CR2E037 (4/06)

4. FEI Number
20-1946884

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**MURPHY, CHRISTOPHER
800 ELLWOOD AVENUE
ORLANDO, FL 32804**

**DO NOT WRITE
IN THIS SPACE**

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

**Filing Fee Is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing ☐ **\$5.00 May Be
Trust Fund Contribution. Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	MURPHY, CHRISTOPHER
STREET ADDRESS	800 ELLWOOD AVE
CITY-ST-ZIP	ORLANDO, FL 32804
TITLE	Board of Director member
NAME	Connie Haymes
STREET ADDRESS	8209-43 Sun Springs Circle
CITY-ST-ZIP	Orlando FL 32825
TITLE	Board of Director member
NAME	Michael Vellorn
STREET ADDRESS	8442 Le Mesa St.
CITY-ST-ZIP	Orlando FL 32827
TITLE	Board of Director member
NAME	Valeri Johns
STREET ADDRESS	5721 Peninsular Dr.
CITY-ST-ZIP	Belle Isle FL 32809
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: Christopher Murphy
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

401-997-9552