

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N04000011156

**FILED**  
**Apr 22, 2011**  
**Secretary of State**

**Entity Name:** SUPERIOR MUTTS DOGGIE RESCUE INC

**Current Principal Place of Business:**

800 ELLWOOD AVENUE  
ORLANDO, FL 32804 US

**New Principal Place of Business:**

**Current Mailing Address:**

P O BOX 561340  
ORLANDO, FL 32856 US

**New Mailing Address:**

**FEI Number:** 20-1946884

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MURPHY, CHRISTOPHER  
800 ELLWOOD AVENUE  
ORLANDO, FL 32804 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: P  
Name: MURPHY, CHRISTOPHER  
Address: 800 ELLWOOD AVE  
City-St-Zip: ORLANDO, FL 32804 US

Title: BD  
Name: HAYMES, CONNIE  
Address: 8209-43 SUN SPRINGS CIRCLE  
City-St-Zip: ORLANDO, FL 32825

Title: BD  
Name: MICHAEL, VEHORN  
Address: 8442 LE MESA ST.  
City-St-Zip: ORLANDO, FL 32827

Title: BD  
Name: JOHNS, VALERI  
Address: 3721 PENINSULAR DR.  
City-St-Zip: ORLANDO, FL 32809

I hereby 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 all other like empowered.

**SIGNATURE:** CHRISTOPHER MURPHY

MR.

04/22/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date