

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000011337

FILED  
Jun 25, 2007  
Secretary of State

Entity Name: FLORIDA ANIMAL FRIEND, INC.

**Current Principal Place of Business:**

13153 N. DALE MABRY HIGHWAY  
SUITE 105  
TAMPA, FL 33618

**New Principal Place of Business:**

**Current Mailing Address:**

13153 N. DALE MABRY HIGHWAY  
SUITE 105  
TAMPA, FL 33618

**New Mailing Address:**

FEI Number: 05-0613880      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

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

KOSTROSKI, LOIS  
13153 N. DALE MABRY HIGHWAY  
SUITE 105  
TAMPA, FL 33618 US

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: D ( ) Delete  
Name: KOSTROSKI, LOIS M  
Address: 13153 N. DALE MABRY HIGHWAY, SUITE 105  
City-St-Zip: TAMPA, FL 33618

Title: D ( ) Delete  
Name: DEE, LARRY  
Address: 2864 HOLLYWOOD BLVD  
City-St-Zip: HOLLYWOOD, FL 33020

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: LOIS M. KOSTROSKI

D

06/25/2007

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

\_\_\_\_\_  
Date