

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000000663

FILED  
Apr 10, 2006  
Secretary of State

**Entity Name:** THE PACK OF SOUTH FLORIDA INC.

**Current Principal Place of Business:**

17148 30TH LANE NORTH  
LOXAHATCHEE, FL 33470

**New Principal Place of Business:**

**Current Mailing Address:**

17148 30TH LANE NORTH  
LOXAHATCHEE, FL 33470

**New Mailing Address:**

**FEI Number:** 20-1877255

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MURRAY, SHERI  
17148 30TH LANE NORTH  
LOXAHATCHEE, FL 33470 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 ( ) Delete  
Name: MURRAY, SHERI  
Address: 17148 30TH LANE NORTH  
City-St-Zip: LOXAHATCHEE, FL 33470

Title: VP ( ) Delete  
Name: HIJUELOS, AMY E  
Address: 17148 30TH LANE NORTH  
City-St-Zip: LOXAHATCHEE, FL 33470

Title: T ( ) Delete  
Name: ARDAIN, ELCIE  
Address: 17148 30TH LANE NORTH  
City-St-Zip: LOXAHATCHEE, FL 33470

Title: S ( ) Delete  
Name: PANARIELLO, DENISE  
Address: 17148 30TH LANE NORTH  
City-St-Zip: LOXAHATCHEE, FL 33470

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

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

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

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 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: ELCIE ARDAIN

T

04/10/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date