

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000000036

FILED  
Feb 14, 2006  
Secretary of State

Entity Name: FUR EVER SANCTUARY, INC.

## Current Principal Place of Business:

14001 U.S. 301 NORTH  
PARRICH, FL 34219

## New Principal Place of Business:

14001 U.S. 301 NORTH  
PARRISH, FL 34219

## Current Mailing Address:

14001 U.S. 301 NORTH  
PARRICH, FL 34219

## New Mailing Address:

14001 U.S. 301 NORTH  
PARRISH, FL 34219

FEI Number: 20-3927217

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

MILLIS, TINA  
2102 5TH AVENUE S.E.  
RUSKIN, FL 33570 US

## Name and Address of New Registered Agent:

MILLIS, TINA  
14001 US HWY 301 NORTH  
PARRISH, FL 34219 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: TINA MILLIS

02/14/2006

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: PSTD ( ) Delete  
Name: MILLIS, TINA  
Address: 14001 U.S. 301 NORTH  
City-St-Zip: PARRISH, FL 34219

Title: VPAS ( ) Delete  
Name: MILLIS, HAROLD  
Address: 111 16TH AVENUE SW  
City-St-Zip: RUSKIN, FL 33570

Title: ATD ( ) Delete  
Name: MILLIS, HAROLD  
Address: 111 16TH AVENUE SW  
City-St-Zip: RUSKIN, FL 33570

Title: D ( ) Delete  
Name: LINSKY, DONALD  
Address: 1509 B SUN CITY CENTER PLAZA  
City-St-Zip: SUN CITY CENTER, FL 33573

## 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: TINA MILLIS

PSTD

02/14/2006

Electronic Signature of Signing Officer or Director

Date