


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 24, 2008 8:00 am
Secretary of State

01-24-2008 90047 014 ****61.25

DOCUMENT # N06000010980	
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1. Entity Name
PUG RESCUE OF FLORIDA, INC.

Principal Place of Business 2610 26 AVE N ST. PETERSBURG, FL 33713	Mailing Address P.O. BOX 60327 ST. PETERSBURG, FL 33784
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2. Principal Place of Business - No P.O. Box # 4207 N. MUNRO ST Suite, Apt. #, etc.	3. Mailing Address P.O. Box 7484 Suite, Apt. #, etc.
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City & State Tampa FLORIDA	City & State Tampa, FL
Zip 33603	Country USA
Zip 33673-7484	Country USA



01122008 Chg-NP CR2E037 (12/06)

4. FEI Number 14-1866385	Applied For Not Applicable
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5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

THURSTON, LESLIE A
2610 26 AVE N
ST. PETERSBURG, FL 33713

7. Name and Address of New Registered Agent

Name Stacy M. Valdivia
Street Address (P.O. Box Number is Not Acceptable) 4207 N. MUNRO ST
City Tampa
FL Zip Code 33603

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 Stacy M. Valdivia Treasurer 1-14-08
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25
Due by May 1, 2008

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

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D THURSTON, LESLIE A 2610 26 AVE N ST PETERSBURG, FL 33713 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VALDIVIA, STACY 4207 N MUNRO ST TAMPA, FL 33603 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WELCH, CHRISTINE 6763 79 AVE N ST PETERSBURG, FL 33781 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KENNEALLY, DEBBIE 704 W RIVER HEIGHTS AVE TAMPA, FL 33603 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WOODIWISS, DARCI 5 VALENCIA CIRCLE SAFETY HARBOR, FL 34695 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BLACKARD, BETTY 7306 JONES ROAD ODESSA, FL 33556 <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Kevin D Kenneally, Kevin 704 W. River Heights Ave Tampa, FL 33603 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Dr. Dawn Daniels 17598 1ST ST E REDINGTON SHORES, FL 33708 <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Peachy, Donna 12706 Barrett Dr. Tampa, FL 33624 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JENNIFER Baldwin 1436 Bay Harbor DR #301 Palm Harbor, FL 34685 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Juliemartin 8235 37th AVE N St Pete Fla 33710 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Mary Ann Williams 11905 106th St N Largo Fla 33773 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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: Stacy Valdivia 1-14-08 813-690-1124
Signature and typed or printed name of signing officer or director Date Daytime Phone #