2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2009
Secretary of State

DOCUMENT# N06000010980

Entity Name: PUG RESCUE OF FLORIDA, INC.

Current Principal Place of Business:

4207 NORTH MUNRO ST.
TAMPA, FL 33603

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 7484
TAMPA, FL 336737484

New Mailing Address:

FEI Number: 14-1866385 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

VALOIVIA, STACY
4207 N. MUNRO ST
TAMPA, FL 33603 US

Name and Address of New Registered Agent:

VALDIVIA, STACY
4207 N. MUNRO ST
TAMPA, FL 33603 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: STACY VALDIVIA 04/04/2009
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: KENNEALLY, KEVIN
Address: 704 W. RIVER HEIGHTS AVE
City-St-Zip: TAMPA, FL 33603

Title: D ( ) Delete
Name: VALDIVIA, STACY
Address: 4207 N MUNRO ST
City-St-Zip: TAMPA, FL 33603

Title: D ( ) Delete
Name: PEACHY, DONNA
Address: 17598 1ST ST E
City-St-Zip: SAINT PETERSBURG, FL 33708

Title: D ( ) Delete
Name: BALDWIN, JENNIFER
Address: 1436 BAY HARBOR DR. #301
City-St-Zip: PALM HARBOR, FL 34685

Title: D (X) Delete
Name: WOODIWISS, DARCI
Address: 5 VALENCIA CIRCLE
City-St-Zip: SAFETY HARBOR, FL 34695

Title: D (X) Delete
Name: BLACKARD, BETTY
Address: 7306 JONES ROAD
City-St-Zip: ODESSA, FL 33556

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: BLACKARD, BETTY
Address: 7306 JONES ROAD
City-St-Zip: ODESSA, FL 33556

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:

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: STACY VALDIVIA TREA 04/04/2009
Electronic Signature of Signing Officer or Director Date