

2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Feb 07, 2009
Secretary of State

DOCUMENT# N07000010848

Entity Name: WHISKER'S AND TAIL'S THRIFT SHOPPE, INC.**Current Principal Place of Business:**64 EGLIN PARKWAY
FORT WALTON BEACH, FL 32566**New Principal Place of Business:****Current Mailing Address:**PO BOX 6089
NAVARRE, FL 32566**New Mailing Address:****FEI Number:** 26-1376458**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**KURTZ-MINCK, MONTANA C
7425 WHITE SANDS BLVD
NAVARRE, FL 32566 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: KURTZ-MINCK, MONTANA C
Address: 7425 WHITE SANDS BLVD
City-St-Zip: NAVARRE, FL 32566**Title:** VP (X) Delete
Name: MINCK, JEFFREY P
Address: 7425 WHITE SANDS BLVD
City-St-Zip: NAVARRE, FL 32566**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: MONTANA KURTZ-MINCK

P

02/07/2009

Electronic Signature of Signing Officer or Director

Date