

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000002742

FILED  
Apr 25, 2009  
Secretary of State

**Entity Name:** CRAZY CAVIES GUINEA PIG RESCUE INC.

**Current Principal Place of Business:**

1472 AVON LANE #1025  
NORTH LAUDERDALE, FL 33068

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 772692  
CORAL SPRINGS, FL 33077

**New Mailing Address:**

**FEI Number:** 26-2270589

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

HENLE, JEREMY  
1472 AVON LANE #1025  
NORTH LAUDERDALE, FL 33068 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: PTD ( ) Delete  
Name: HENLE, JEREMY  
Address: 1472 AVON LANE #1025  
City-St-Zip: NORTH LAUDERDALE, FL 33068

Title: VSD ( ) Delete  
Name: DEBOER, TRACY  
Address: 1472 AVON LANE #1025  
City-St-Zip: NORTH LAUDERDALE, FL 33068

Title: D ( ) Delete  
Name: DEBOER, DANA  
Address: 46579 272ND ST.  
City-St-Zip: TEA, SD 57064

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

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

Title: VSD (X) Change ( ) Addition  
Name: HENLE, TRACY  
Address: 1472 AVON LANE #1025  
City-St-Zip: NORTH LAUDERDALE, FL 33068

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: JEREMY HENLE

PTD

04/25/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date