

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N10000003610

FILED  
Mar 08, 2011  
Secretary of State

**Entity Name:** WAGS & WHISKERS PET RESCUE, INC.

**Current Principal Place of Business:**

4100 TALL TREES LANE  
SAINT AUGUSTINE, FL 32086 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 861067  
SAINT AUGUSTINE, FL 32086 US

**New Mailing Address:**

**FEI Number:** 27-2292979

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

HOFF, LISA  
4100 TALL TREES LANE  
SAINT AUGUSTINE, FL 32086 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  
Name: HOFF, LISA  
Address: 4100 TALL TREES LANE  
City-St-Zip: SAINT AUGUSTINE, FL 32086 US

Title: VP  
Name: BIANCO, JILL  
Address: 916 SPRING LAKE COURT  
City-St-Zip: SAINT AUGUSTINE, FL 32080 US

Title: S  
Name: SIMMONS, MELLO DEE  
Address: 239 COWRY ROAD  
City-St-Zip: SAINT AUGUSTINE, FL 32086 US

Title: T  
Name: SUNDERMAN, JOANNA  
Address: 5270 A1A SOUTH  
City-St-Zip: SAINT AUGUSTINE, FL 32080

I hereby 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 all other like empowered.

SIGNATURE: JOANNA SUNDERMAN

T

03/08/2011

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

\_\_\_\_\_  
Date