


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Apr 27, 2005 08:00 AM
Secretary of State

DOCUMENT # N23061					
1. Entity Name PET PLACEMENT, INC.					
Principal Place of Business 13225 M & J ROAD MYAKKA CITY FL 34251 US			Mailing Address P.O. BOX 22094 SARASOTA FL 34276-5094 US		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 65-0014837	
				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GOODMAN, SUSAN 13225 M & J ROAD MYAKKA CITY FL 34251			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____ (NOTE: Registered Agent signature required when reinstating)					
FILE NOW: FEE IS \$81.25 Due By May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make Check Payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	DVP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	VINCENT, WILLIAM		NAME		
STREET ADDRESS	2022 LEE WYNN DR		STREET ADDRESS		
CITY - ST - ZIP	SARASOTA FL 34240		CITY - ST - ZIP		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	GOODMAN, SUE		NAME		
STREET ADDRESS	13225 M & J ROAD		STREET ADDRESS		
CITY - ST - ZIP	MYAKKA CITY FL 34251		CITY - ST - ZIP		
TITLE	DT	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	VINCENT, MARSHA		NAME		
STREET ADDRESS	2022 LEEWYNN DR.		STREET ADDRESS		
CITY - ST - ZIP	SARASOTA FL 34240		CITY - ST - ZIP		
TITLE	DS	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	FISHER, CHERYL		NAME		
STREET ADDRESS	2560 SUNNYSIDE ST		STREET ADDRESS		
CITY - ST - ZIP	SARASOTA FL 34239		CITY - ST - ZIP		
TITLE	DA	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ROBERTS, BRUCE F		NAME		
STREET ADDRESS	7753 SR 72		STREET ADDRESS		
CITY - ST - ZIP	SARASOTA FL 34241		CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 changed, or on an attachment with an address, with all other like empowered					
SIGNATURE: <u>Marsha Vincent Treasurer</u> 4/23/05 941-927-88					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					



1st MOORE

CR2E037 (10/04)

65-0014837

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GOODMAN, SUSAN
13225 M & J ROAD
MYAKKA CITY FL 34251

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title (if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$81.25
Due By May 1, 2005

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 DVP
NAME VINCENT, WILLIAM
STREET ADDRESS 2022 LEE WYNN DR
CITY - ST - ZIP SARASOTA FL 34240 ☐ Delete

TITLE PD
NAME GOODMAN, SUE
STREET ADDRESS 13225 M & J ROAD
CITY - ST - ZIP MYAKKA CITY FL 34251 ☐ Delete

TITLE DT
NAME VINCENT, MARSHA
STREET ADDRESS 2022 LEEWYNN DR.
CITY - ST - ZIP SARASOTA FL 34240 ☐ Delete

TITLE DS
NAME FISHER, CHERYL
STREET ADDRESS 2560 SUNNYSIDE ST
CITY - ST - ZIP SARASOTA FL 34239 ☐ Delete

TITLE DA
NAME ROBERTS, BRUCE F
STREET ADDRESS 7753 SR 72
CITY - ST - ZIP SARASOTA FL 34241 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Change ☐ Addition
U000000335951
04/27/05-80107-010 61.25

TITLE
NAME
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CITY - ST - ZIP ☐ Change ☐ Addition

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SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #