


**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 12, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N29990</b> 1. Entity Name DOGS AND CATS FOREVER, INC.	
---	---

Principal Place of Business 9550 CARLTON RD. PORT ST LUCIE, FL 34987	Mailing Address 2012 LAUREL OAK LANE PALM CITY, FL 34990
--	--

**DO NOT WRITE IN THIS SPACE**



03062007 No Chg-NP CR2E037 (4/06)

4. FEI Number <b>65-0118134</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

APICELLA, JOHANNA  
 2012 LAUREL OAK LANE  
 PALM CITY, FL 34990

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25**  
**Due by May 1, 2007**

9. Election Campaign Financing  
 Trust Fund Contribution.  **\$5.00** May Be Added to Fees

U00000664270  
 03/22/07-80037-010 61.25

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LINSCOTT, LAURA 2180 MIDTOWN ROAD PORT ST. LUCIE, FL 34952
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD APICELLA, JOHANNA 2012 LAUREL OAK LANE PALM CITY, FL 34990
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HUBBARD, EDWARD 325 NE 7TH STREET BOCA RATON, FL 33432
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCCALLUM, GAIL 558 HALPATIOKEE ST STUART, FL 34994
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SMALLACOMBE, ROBERT 8246 SE SANCTUARY DR HOBE SOUND, FL 33455
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MOORE, SUSAN 1826 BUTTONBUSH CIR PALM CITY, FL 34990

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** *Johanna Apicella Director* 3/6/07 772-485-4458  
SIGNATURE AND TYPED OR PRINTED NAME OF FILING OFFICER OR DIRECTOR Date Daytime Phone #