

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N29990

FILED
Jan 30, 2008
Secretary of State

Entity Name: DOGS AND CATS FOREVER, INC.

Current Principal Place of Business:

9550 CARLTON RD.
PORT ST LUCIE, FL 34987

New Principal Place of Business:

Current Mailing Address:

2012 LAUREL OAK LANE
PALM CITY, FL 34990

New Mailing Address:

FEI Number: 65-0118134 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

APICELLA, JOHANNA
2012 LAUREL OAK LANE
PALM CITY, FL 34990 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: D () Delete
Name: LINSCOTT, LAURA,
Address: 2180 MIDTOWN ROAD
City-St-Zip: PORT ST. LUCIE, FL 34952

Title: TD () Delete
Name: APICELLA, JOHANNA
Address: 2012 LAUREL OAK LANE
City-St-Zip: PALM CITY, FL 34990

Title: S () Delete
Name: HUBBARD, EDWARD
Address: 325 NE 7TH STREET
City-St-Zip: BOCA RATON, FL 33432

Title: D () Delete
Name: MCCALLUM, GAIL
Address: 556 HALPATIOKEE ST
City-St-Zip: STUART, FL 34994

Title: D () Delete
Name: SMALLACOMBE, ROBERT
Address: 8246 SE SANCTUARY DR
City-St-Zip: HOBE SOUND, FL 33455

Title: D () Delete
Name: MOORE, SUSAN
Address: 1826 BUTTONBUSH CIR
City-St-Zip: PALM CITY, FL 34990

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: JOHNSON, BONNEY
Address: 5470 N W MODEL CT.
City-St-Zip: PORT ST. LUCIE, FL 34986

Title: D () Change (X) Addition
Name: NICHOLSON, ANDREA
Address: 1195 S.W. LIVE OAK COVE
City-St-Zip: PORT ST. LUCIE, FL 34986

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

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

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: JOHANNA APICELLA

D

01/30/2008

Electronic Signature of Signing Officer or Director

_____ Date