

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N37484

FILED
Feb 06, 2007
Secretary of State

Entity Name: PET RESCUE NORTH, INC.

Current Principal Place of Business:

12837--1 N. MAIN STREET
JACKSONVILLE, FL 32218 US

New Principal Place of Business:

Current Mailing Address:

C/O PEGGY HAYNES
13937 DUVAL RD
JACKSONVILLE, FL 32218 US

New Mailing Address:

C/O PEGGY HAYNES
13937 DUVAL RD
JACKSONVILLE, FL 32218 US

FEI Number: 59-3005653

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

HAYNES, PEGGY
13937 DUVAL RD
JACKSONVILLE, FL 32218 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: HAYNES, PEGGY
Address: 13937 DUVAL RD
City-St-Zip: JACKSONVILLE, FL US

Title: VPD () Delete
Name: COUNTS, KIMBERLY
Address: 12222 DUVAL RD.
City-St-Zip: JACKSONVILLE, FL 32218 US

Title: SD () Delete
Name: KELLY, JAKI
Address: 8857 IVEY RD
City-St-Zip: JACKSONVILLE, FL 32216 US

Title: VPD () Delete
Name: MIXON, NICKEE
Address: 3459 PEACH DR.
City-St-Zip: JACKSONVILLE, FL 32246 US

Title: VPD () Delete
Name: MOYE HILL, SHERRI
Address: 1905 ELAINA DRIVE
City-St-Zip: JACKSONVILLE, FL 32216 US

Title: VPD () Delete
Name: MOORE, AMY
Address: 760 AMBERJACK LANE
City-St-Zip: JACKSONVILLE, FL 32233 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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
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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 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: PEGGY HAYNES

PTD

02/06/2007

Electronic Signature of Signing Officer or Director

Date