


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 04, 2005 8:00 am
Secretary of State

02-04-2005 90099 001 *1,861.25

DOCUMENT # N38376 1. Entity Name ADOPT-A-GREYHOUND, INC.	
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Principal Place of Business PAUL LEWIN 401 NW 38TH CT MIAMI, FL 33126-5638	Mailing Address PAUL LEWIN 401 NW 38TH CT MIAMI, FL 33126-5638
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66001108



01042005 No Chg-NP CR2E037 (10/03)

4. FEI Number 65-0211002	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent HAVENICK, FRED 401 NW 38TH CT MIAMI, FL 33126
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**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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25
Due by May 1, 2005**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HAVENICK, FRED 401 NW 38TH CT MIAMI, FL 33126
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D AMOUR, NEAL 401 NW 38TH CT MIAMI, FL 33126
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT HUTCHINSON, BILL 401 NW 38TH CT MIAMI, FL 33126
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S TRIPLETT, JACQUES 401 NW 38TH CT MIAMI, FL 33126
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

Fred Havenick
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/25/05
Date

Daytime Phone #