


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 19, 2005 08:00 AM
Secretary of State

DOCUMENT # N94000003955 1. Entity Name STRAY NO MORE, INC.	
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Principal Place of Business 99 MEADOWS PARK LANE BOYNTON BEACH, FL 33436	Mailing Address POST OFFICE BOX 6106 LAKE WORTH, FL 33466-6106
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02112005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0515998	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 HIGHTOWER, SANDRA 99 MEADOWS PARK LANE BOYNTON BEACH, FL 33436

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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 reconstituting) 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 WERLING, SUE 121 GRANADA CT LAKE WORTH, FL 33461
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT HIGHTOWER, SANDRA 99 MEADOWS PARK LANE BOYNTON BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SHEROUSE, SUE 6640 BASTVIEW DR LANTANA, FL 33462
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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02/19/05-80023-025 61.25

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: Sandy Hightower Sandy Hightower 2-17-05 (561)683-4537
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #