


**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 12, 2006 08:00 AM
Secretary of State

DOCUMENT # N94000005254		
1. Entity Name SAVE OUR STRAYS, INC.		
Principal Place of Business 861-15TH AVENUE NORTH ST. PETERSBURG, FL 33704		Mailing Address 861-15TH AVENUE NORTH ST. PETERSBURG, FL 33704
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent KIEFNER, JOHN R. 146 SECOND STREET NORTH STE 300 ST. PETERSBURG, FL 33701		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____		
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KIEFNER, B.C. 227-126TH AVENUE EAST TREASURE ISLAND, FL 33706	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD DORTON, SANDRA L. 14171 PAGE AVE LARGO, FL 33771	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD AMICK, DAVID M. 861 N 15TH AVE ST PETERSBURG, FL 33704	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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 changed, or on an attachment with an address, with all other like empowered.		
SIGNATURE: <u>BC Kiefner President</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		



01042006 No Chg-NP CR2E037 (11/05)

4. FEI Number
59-3274561

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

1100000384285
01/17/06-80006-008 61.25

**DO NOT WRITE
IN THIS SPACE**

1-10-06 727-894-8000
Date Daytime Phone #