

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000000482

FILED  
Apr 14, 2009  
Secretary of State

Entity Name: PET RESCUE BY JUDY, INC.

## Current Principal Place of Business:

2620 IROQUOIS AVE.  
SANFORD, FL 32773 US

## New Principal Place of Business:

2620 IROQUOIS AVENUE  
SANFORD, FL 32773 US

## Current Mailing Address:

PO BOX 745  
GOLDENROD, FL 32733 US

## New Mailing Address:

2620 IROQUOIS AVENUE  
SANFORD, FL 32773 US

FEI Number: 59-3297626

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

SARULLO, JUDITH  
7814 MONTEZUMA TRAIL  
ORLANDO, FL 32825 US

## Name and Address of New Registered Agent:

SARULLO, JUDITH M  
2620 IROQUOIS AVE.  
SANFORD, FL 32773 US

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: JUDITH M. SARULLO

04/14/2009

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: SARULLO, JUDITH  
Address: 7814 MONTEZUMA TRAIL  
City-St-Zip: ORLANDO, FL 32825

Title: VD ( ) Delete  
Name: BACALLAO, STEPHEN  
Address: 4300 GABRIELLA LANE  
City-St-Zip: WINTER PARK, FL 32792

Title: SD ( ) Delete  
Name: MAROWITZ, ABEL N  
Address: 1680 GLADIOLAS DRIVE  
City-St-Zip: WINTER PARK, FL 32792

Title: T ( ) Delete  
Name: FULLENWIDER, JANIS DR.  
Address: 1490 TUSKAWILLA ROAD  
City-St-Zip: OVIEDO, FL 32765

Title: T ( ) Delete  
Name: RUBINSTEIN, RICHARD DR.  
Address: 1490 TUSKAWILLA ROAD  
City-St-Zip: OVIEDO, FL 32765

Title: T ( ) Delete  
Name: BABB-NUTCHER, DEBRA  
Address: 225 EAST ROBINSON STREET SUITE #660  
City-St-Zip: ORLANDO, FL 32802

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: SARULLO, JUDITH M  
Address: 2620 IROQUOIS AVENUE  
City-St-Zip: SANFORD, FL 32773

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:

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: JUDITH M. SARULLO

PD

04/14/2009

Electronic Signature of Signing Officer or Director

Date