


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 30, 2004 8:00 am**  
**Secretary of State**

03-30-2004 90001 039 \*\*\*\*70.00

<b>DOCUMENT # N96000004670</b>			
<b>1. Entity Name</b> HUSTON ANIMAL SHELTER, INC. <i>d/b/a Puppy Place Animal Shelter</i>			
<b>Principal Place of Business</b> 910 N.W. HWY. 41 JASPER FL 32052		<b>Mailing Address</b> POST OFFICE BOX 1526 JASPER FL 32052	
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b> <i>Post Office Box 525</i>	
Suite, Apt. #, etc.		Suite, Apt. #, etc. <i>White Springs</i>	
City & State		City & State <i>FL</i>	
Zip	Country	Zip	Country
		<i>32096</i>	<i>HAMILTON</i>

34024062



MOORE CR2E037 (11/03)

<b>4. FEI Number</b> 59-3400445		<b>Applied For</b> <input type="checkbox"/> Not Applicable	
<b>5. Certificate of Status Desired</b> <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>			

<b>6. Name and Address of Current Registered Agent</b> HUSTON, MICHAEL D DVM 910 N.W. HWY. 41 JASPER FL 32052		<b>7. Name and Address of New Registered Agent</b> Name: <i>Kerry Gavronsky</i> Street Address (P.O. Box Number is Not Acceptable): <i>15117 SE 100th Way</i> City: <i>White Springs</i> FL Zip Code: <i>32096</i>	
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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: *Kerry Gavronsky* *Kerry Gavronsky* *2-3-04*  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

<b>FILE NOW: FEE IS \$61.25</b> <b>Due By May 1, 2004</b>	<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	<b>Make Check Payable to</b> <b>Florida Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HUSTON, MICHAEL D DVM 910 N.W. HWY. 41 JASPER FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PISTOLE, JIM 207 N.E. 1ST STREET JASPER FL <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <i>Kellie A. Knox</i> <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <i>525 Caraway Ct.</i> <i>Jacksonville, FL 32259</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D REID, J. HARRELL SHERIFF 207 N.E. 1ST STREET JASPER FL <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <i>Kerry Gavronsky</i> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <i>15117 SE 100th Way</i> <i>White Springs, FL 32096</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BOWERS, RALPH 208 HATLEY STREET JASPER FL <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <i>Russell A. Grockett</i> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <i>1187 Dunbar Ct.</i> <i>Orange Pk, FL 32065</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <i>Madeline Jarvis</i> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <i>4420 Timber Hollow Way</i> <i>Jacksonville, FL 32224</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <i>Sandra Smith</i> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <i>314 NW Main Blvd.</i> <i>Lake City, FL 32055</i>

**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: *Michael D. Huston DVM* *2/5/04* *386 792 3134*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #