2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

03-11-2005 90304 015 ****61.25
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DOCUMENT # N97000000673

1. Entity Name
LOVE FOR LIFE ANIMAL HAVEN, INC.

Principal Place of Business	Mailing Address
11716 W. FIG TREE LN. CRYSTAL RIVER, FL 34428 US	11716 W. FIG TREE LN. CRYSTAL RIVER, FL 34428 US

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03062005 No Chg-NP CR2E037 (10/03) 05

4. FEI Number
94-3270877
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

DUMAINE, SYLVIA
11716 W. FIG TREE LN.
CRYSTAL RIVER, FL 34428

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	D
NAME	FRASER, PAVANE M
STREET ADDRESS	3765 GOLDSMITH RD
CITY-ST-ZIP	BROOKSVILLE, FL 34602
TITLE	D
NAME	RIPPEE, PETER
STREET ADDRESS	1070 NEW MORNING RD
CITY-ST-ZIP	CAMANO ISLANDS, WA 98292
TITLE	PED
NAME	DUMAINE, SYLVIA
STREET ADDRESS	3765 GOLDSMITH RD
CITY-ST-ZIP	BROOKSVILLE, FL 34602
TITLE	D
NAME	PHILLIPS, STEHPAN
STREET ADDRESS	3765 GOLDSMITH RD.
CITY-ST-ZIP	BROOKSVILLE, FL 34602
TITLE	VP
NAME	DUMAINE, FRED C
STREET ADDRESS	11716 W. FIG TREE LN.
CITY-ST-ZIP	CRYSTAL RIVER, FL 34428
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: Sylvia Dumaine PED 7/18/05 352-7952959
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

SYLVIA DUMAINE PED 1-352-7952959

Mitchell JUL 2 0 2005