


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 18, 2005 08:00 AM
Secretary of State

DOCUMENT # N97000006413
 1. Entity Name
 SPAYD WITH HEART, INC.



Principal Place of Business Mailing Address
 6080 INDUSTRIAL BLVD. 7450 PINE BARREN ROAD
 CENTURY, FL 32535 CENTURY, FL 32335

DO NOT WRITE IN THIS SPACE



01132005 No Chg-NP CR2E037 (10/03)

4. FEI Number Applied For
 59-3479351 Not Applicable

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

6. Name and Address of Current Registered Agent
 ARMENTI, LORI
 6080 INDUSTRIAL BLVD
 CENTURY, FL 32535

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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 reinstating) 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	PD
NAME	ARMENTI, LORI
STREET ADDRESS	6080 INDUSTRIAL BLVD.
CITY-ST-ZIP	CENTURY, FL 32535
TITLE	VD
NAME	VAN NEVEL, GEORGE
STREET ADDRESS	6080 INDUSTRIAL BLVD.
CITY-ST-ZIP	CENTURY, FL 32535
TITLE	SD
NAME	FELDT, DEBRA
STREET ADDRESS	RT 2 BOX 107
CITY-ST-ZIP	MONTICELLO, FL 34321
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 01/19/05-80009-003 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: *Lori Armenti* 1-12-05 850 327-4170
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

LORI ARMENTI