

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000006413

**FILED**  
**Feb 10, 2011**  
**Secretary of State**

**Entity Name:** SPAYD WITH HEART, INC.

**Current Principal Place of Business:**

9909 HUNTSMAN PATH  
PENSACOLA, FL 32514

**New Principal Place of Business:**

2103 CYPRESS CREEK RD  
COTTONDALE, FL 32431

**Current Mailing Address:**

9909 HUNTSMAN PATH  
PENSACOLA, FL 32514

**New Mailing Address:**

2103 CYPRESS CREEK RD  
COTTONDALE, FL 32431

FEI Number: 59-3479351

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

ARMENTI, LORI  
9909 HUNTSMAN PATH  
PENSACOLA, FL 32514 US

**Name and Address of New Registered Agent:**

ARMENTI, LORI  
2103 CYPRESS CREEK RD  
COTTONDALE, FL 32431 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: \_\_\_\_\_

Electronic Signature of Registered Agent

02/10/2011

Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: ARMENTI, LORI  
Address: 2103 CYPRESS CREEK RD  
City-St-Zip: COTTONDALE, FL 32431

Title: VD  
Name: FULTON, CHERYL  
Address: 4508 ELTHAM PARK  
City-St-Zip: TALLAHASSEE, FL 32303

Title: SD  
Name: ARMENTI, DEB  
Address: 9909 HUNTSMAN PATH  
City-St-Zip: PENSACOLA, FL 32514

I hereby 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 all other like empowered.

SIGNATURE: LORI ARMENTI

PD

02/10/2011

Electronic Signature of Signing Officer or Director

Date