

**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N98000006428

**FILED  
Jun 17, 2004  
Secretary of State**

**Entity Name:** PETS IN DISTRESS II, INC.

**Current Principal Place of Business:**

521 SW 59 STREET  
OCALA, FL 34474

**New Principal Place of Business:**

**Current Mailing Address:**

521 SW 59 STREET  
OCALA, FL 34474

**New Mailing Address:**

FEI Number: 65-0879642      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

MCGARRY, BARBARA A  
521 SW 59 STREET  
OCALA, FL 34474    US

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

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

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: VPD      ( ) Delete  
Name: MCCULLARS, ALLIENE  
Address: 10165 MATCHLOCK DRIVE  
City-St-Zip: ORLANDO, FL 32821

Title: PD      ( ) Delete  
Name: MAVROS, ELENA  
Address: 10910 S.W. 27TH STREET  
City-St-Zip: DAVIE, FL 33328

Title: STD      ( ) Delete  
Name: MCGARRY, BARBARA A  
Address: 521 SW 59 STREET  
City-St-Zip: Ocala, FL 34474

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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 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 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: BARBARA A. MCGARRY

STD

06/17/2004

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date