

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000006428

FILED
Feb 27, 2005
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

02/27/2005

Electronic Signature of Signing Officer or Director

Date