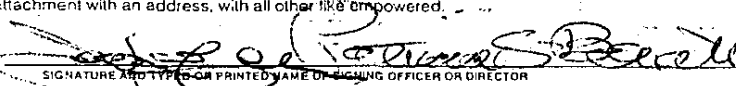


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 10, 2004 8:00 am
Secretary of State

05-10-2004 90461 010 ****61.25

DOCUMENT # N98000006837 1. Entity Name FLORIDA POODLE RESCUE, INC.					
Principal Place of Business 747 BRIGHTWATERS BLVD NE ST. PETERSBURG, FL 33704			Mailing Address PO BOX 7336 ST. PETERSBURG, FL 33734		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		24073896 	
City & State		City & State		04222004 Chg-NP CR2E037 (10/03)	
Zip Country		Zip Country		4. FEI Number 59-3545425	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent ZSCHAU, JULIUS J 2701 N. ROCKY POINT DR. SUITE 930 TAMPA, FL 33607			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BONATI, PATRICIA 1650 BEACH DRIVE NE ST. PETERSBURG, FL 33704	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D Tricia Bonati 747 Brightwaters Blvd. NE St. Petersburg, FL 33704	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RYLEE, FREDA 1349 46TH AVE NE SAINT PETERSBURG, FL 33703	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T/D Debbie Craig 747 Brightwaters Blvd. NE St. Petersburg, FL 33704	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D THURMAN, SHEILA 747 BRIGHTWATERS BLVD NE ST. PETERBURG, FL 33704	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/D Sheila Thurman 747 Brightwaters Blvd. NE St. Petersburg, FL 33704	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PLOECKELMAN, JEAN 1014 FRIENDSHI LANE LUTZ, FL 33549	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/D Judy Haverty 747 Brightwaters Blvd. NE St. Petersburg, FL 33704	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	☐ Change ☐ Addition
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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date _____ Daytime Phone # _____					