## 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N98000006837

## FILED May 10, 2004 8:00 am Secretary of State 05-10-2004 90461 010 \*\*\*\*61.25

Principal Place of Biochicas	1. Entity Name FLORIDA POODLE RESCUE, INC.								3 To 2001.	JO 101 01	01.	
Sulfa, Apt. 4, ric.  Sulfa, Ap	747 BRIGHTWATERS BLVD NE PO BOX 7336					734						
City & State	2. Principal P	ace of Business	3. Mailing Address									
Second   S	Suite, Apt.	#, elc.	Suite, Apt. #, etc.					04222004 C	Chg-NP	CR2E03	7 (10/03)	
S. Name and Address of Current Registered Agent  7. Name and Address of New Registered Agent  7. Name and Address of New Registered Agent  8. Cert Address (P.O. Box Number is Not Acceptable)  Street Address (P.O. Box Number is Not Acceptable)  Street Address (P.O. Box Number is Not Acceptable)  City  City  FL  270 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 Fonds. I am familiar with, and accept the chigations of registered agent.  SIGNATURE  FILING Fee Is \$61.25  Due by May 1, 2004  9. Election Carrespip Financing The Address of Not Acceptable to the State Office or registered agent, or both, in the State of Fonds. I am familiar with, and accept the Address of Not Acceptable to the State Office or registered agent, or both, in the State of Fonds. I am familiar with, and accept the Address of Not Acceptable to the State Office or registered agent, or both, in the State of Fonds. I am familiar with, and accept the Address of Not Acceptable to the State Office or registered agent, or both, in the State of Fonds. I am familiar with, and accept the Acceptable to the State Office or registered agent, or both, in the State of Fonds. I am familiar with, and accept the Acceptable to the State Office or registered agent, or both, in the State of Fonds. I am familiar with, and accept the Acceptable to the State Office or registered agent, or both, in the State of Fonds. I am familiar with, and accept the Acceptable to the State Office or registered agent, or both, in the State of Fonds. I am familiar with, and accept the Acceptable to the State Office or registered agent, or both, in the State of Fonds. I am familiar with, and accept the Acceptable to the State Office or registered agent, or both, in the State of Fonds. I am familiar with, and accept the Acceptable to the Acc	City & State			City & State					25		No	t Applicable
SCHAU, JULIUS J 2701 N. ROCKY POINT DR.   Street Address (P.O. Box Number is Not Acceptable)	Zip			<u></u>		untry				- F	ee Required	
Stroet Address (P.O. Box Number is Not Acceptable)    City		6. Name and Address of Current	Register	ed Agent		Name		7. Name and Ad	dress of New F	Registered A	gent	
City FL Zip Code  6. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida Ceptaria.    Different	2701 N. ROCKY POINT DR.						<u> </u>					
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CITY-ST-ZIP  LUTZ, FL 33549  CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  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 fixe empowered.  SIGNATURE:		1			1		Judy	y Haverty	•	• •	-	• • •
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