2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000001414

Title:

Name:

Address:

City-St-Zip:

() Delete

HOLLENBACK, LANA

14338 CRISTOBAL ST

FORT MYERS, FL 33905

FILED Apr 17, 2005 Secretary of State

Entity Nan	ne: FLORIDA	SKUNKS AS PETS, INC.			
Current Principal Place of Business:			New Principal Place	of Business:	
	7TH STREET RDALE, FL 33	334			
Current Mailing Address:			New Mailing Addres	New Mailing Address:	
	7TH STREET RDALE, FL 33	334			
FEI Number: 65-0936621 FEI Number Applied For ()		FEI Number Not Applicable ()	Certificate of Status Desired ()		
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:					
	ACK, LANA STOBAL STRE i, FL 33905233				
The above in the State		ubmits this statement for the p	ourpose of changing its registere	ed office or registered agent, or both,	
SIGNATUR	RE:				
Electronic Signature of Registered Agent			ent	Date	
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	TED () BUTLER, LYNNI 1340 NE 47TH S FT.LAUDERDAL	TREET	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	TS () COBER, LISA 1900 BOTREE O DAYTONA BEAC		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	TT () COBER, KEITH 1900 BOTREE O DAYTONA BEAC		Title: Name: Address: City-St-Zip:	() Change () Addition	

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.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: LYNNDA BUTLER 04/17/2005 TED

() Change () Addition