

**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Apr 17, 2005  
Secretary of State**

DOCUMENT# N99000001414

Entity Name: FLORIDA SKUNKS AS PETS, INC.

**Current Principal Place of Business:**

1340 NE 47TH STREET  
FT.LAUDERDALE, FL 33334

**New Principal Place of Business:**

**Current Mailing Address:**

1340 NE 47TH STREET  
FT.LAUDERDALE, FL 33334

**New Mailing Address:**

FEI Number: 65-0936621      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

HOLLENBACK, LANA  
14338 CRISTOBAL STREET  
FT.MYERS, FL 339052335 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: TED ( ) Delete  
Name: BUTLER, LYNNDA  
Address: 1340 NE 47TH STREET  
City-St-Zip: FT.LAUDERDALE, FL 33334

Title: TS ( ) Delete  
Name: COBER, LISA  
Address: 1900 BOTREE CT  
City-St-Zip: DAYTONA BEACH, FL 32124

Title: TT ( ) Delete  
Name: COBER, KEITH  
Address: 1900 BOTREE CT  
City-St-Zip: DAYTONA BEACH, FL 32124

Title: T ( ) Delete  
Name: HOLLENBACK, LANA  
Address: 14338 CRISTOBAL ST  
City-St-Zip: FORT MYERS, FL 33905

**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:

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: LYNNDA BUTLER

TED

04/17/2005

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date