


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 19, 2004 08:00 AM
Secretary of State

DOCUMENT # N99000002447	
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1. Entity Name THE PET SHELTER, INC.	Principal Place of Business 29500 OLD DIXIE HWY HOMESTEAD, FL 33033	Mailing Address 25505 S.W. 182ND AVENUE HOMESTEAD, FL 33031
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DO NOT WRITE IN THIS SPACE



02272004 No Chg-NP CR2E037 (10/03)

4. FEI Number NOT APPLICABLE	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

8. Name and Address of Current Registered Agent

PROSEK, GAIL A
25505 S.W. 182 AV
HOMESTEAD, FL 33031

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9. 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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE PD	NAME PROSEK, GAIL
STREET ADDRESS 25505 S.W. 182ND AVENUE	CITY-ST-ZIP HOMESTEAD, FL 33031
TITLE STD	NAME VILLA, DEBBIE
STREET ADDRESS 1660 B.W. 13TH AVENUE	CITY-ST-ZIP HOMESTEAD, FL 33030
TITLE D	NAME DAVIS, KATHY
STREET ADDRESS 15860 S.W. 280 STREET	CITY-ST-ZIP HOMESTEAD, FL 33031
TITLE D	NAME AQUINO, EDILBERTO DR.
STREET ADDRESS 15320 S.W. 58TH STREET	CITY-ST-ZIP MIAMI, FL 33193
TITLE D	NAME DEMILLY, TAD
STREET ADDRESS 2540 FAIRWAYS DRIVE	CITY-ST-ZIP HOMESTEAD, FL 33035
TITLE D	NAME HILL, JERRY
STREET ADDRESS 1660 SANDPIPER BLVD.	CITY-ST-ZIP HOMESTEAD, FL 33035

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: GAIL A. PROSEK **3-10-04** **305-246-1936**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #