

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 04, 2005 8:00 am
Secretary of State

03-04-2005 90073 016 ****61.25

DOCUMENT # **N99000002447**

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

2. Principal Place of Business

3. Mailing Address

292 BUTTERNWOOD SHORES DRIVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
KEY LARGO, FL

Zip

Country

Zip

Country

33037

USA

1st MOORE

CR2E037 (10/04)

4. FEI Number

NO-T APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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

FILE NOW: FEE IS \$61.25
Due By May 1, 2005

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

TITLE	PD	<input type="checkbox"/> Delete
NAME	PROSEK, GAIL	
STREET ADDRESS	25505 S.W. 182ND AVENUE	
CITY-ST-ZIP	HOMESTEAD FL 33031	

TITLE	STD	<input type="checkbox"/> Delete
NAME	VILLA, DEBBIE	
STREET ADDRESS	1660 B.W. 13TH AVENUE	
CITY-ST-ZIP	HOMESTEAD FL 33030	

TITLE	D	<input type="checkbox"/> Delete
NAME	DAVIS, KATHY	
STREET ADDRESS	15860 S.W. 280 STREET	
CITY-ST-ZIP	HOMESTEAD FL 33031	

TITLE	D	<input type="checkbox"/> Delete
NAME	AQUINO, EDILBERTO DR.	
STREET ADDRESS	15320 S.W. 58TH STREET	
CITY-ST-ZIP	MIAMI FL 33193	

TITLE	D	<input type="checkbox"/> Delete
NAME	DEMILLY, TAD	
STREET ADDRESS	2540 FAIRWAYS DRIVE	
CITY-ST-ZIP	HOMESTEAD FL 33035	

TITLE	D	<input type="checkbox"/> Delete
NAME	HILL, JERRY	
STREET ADDRESS	1660 SANDPIPER BLVD.	
CITY-ST-ZIP	HOMESTEAD FL 33035	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 like empowered.

SIGNATURE:

Gail A Prosek, Pres.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-27-05

305-451-4688
Date Daytime Phone #