

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

FILED
Jan 07, 2005 08:00 AM
Secretary of State

DOCUMENT # N99000005058

1. Entity Name
PET AID SERVICE SOCIETY, INC.



Principal Place of Business
9105 RIDGE RD
NEW PORT RICHEY, FL 34654

Mailing Address
9105 RIDGE RD
NEW PORT RICHEY, FL 34654



01032005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3595839

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

MCCONKEY, MARJ
9229 WOOD DRIVE
HUDSON, FL 34667

**DO NOT WRITE
IN THIS SPACE**

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 _____

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	MCCONKEY, MARJ
STREET ADDRESS	9229 WOOD DRIVE
CITY-ST-ZIP	HUDSON, FL 34667
TITLE	VD
NAME	MCCONKEY, WALTER N
STREET ADDRESS	9229 WOOD DRIVE
CITY-ST-ZIP	HUDSON, FL 34667
TITLE	STD
NAME	MANIATES, MARIAN
STREET ADDRESS	7741 JUDITH CRESENT ST
CITY-ST-ZIP	PORT RICHEY, FL 34668
TITLE	TD
NAME	LEVY, JOAN
STREET ADDRESS	9510 RICHWOOD LANE
CITY-ST-ZIP	PORT RICHEY, FL 34668
TITLE	TD
NAME	PSETAS, GEORGE C
STREET ADDRESS	10816 US HIGHWAY 19
CITY-ST-ZIP	PORT RICHEY, FL 34668
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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01/10/05-80022-005 61.25

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IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-3-05 725-817-1812