


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2004 08:00 AM
Secretary of State

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| DOCUMENT # P00000036178 |  |
| 1. Entity Name PET SHACK, INC. | |

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| Principal Place of Business 10533 OLLIE COURT CLERMONT, FL 34711 | Mailing Address 10533 OLLIE COURT CLERMONT, FL 34711 |
|--|--|

DO NOT WRITE IN THIS SPACE



01222004 No Chg-P CR2E034 (10/03)

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|---|-------------------------------|
| 4. FEI Number 59-3639030 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |

6. Name and Address of Current Registered Agent

**JORDAN, EDWARD P II
13543 EAST HWY 50
CLERMONT, FL 34711**

**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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

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| FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 | 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

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|--|---|
| TITLE NAME STREET ADDRESS CITY- ST- ZIP | D MCGRAD, MICHAEL 10533 OLLIE COURT CLERMONT, FL 34711 |
| TITLE NAME STREET ADDRESS CITY- ST- ZIP | D MCGRAD, DIANNE 10533 OLLIE COURT CLERMONT, FL 34711 |
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05/05/04-80076-006 150.00

**DO NOT WRITE
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)(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 607, 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 information empowered.

SIGNATURE: *Dianne McGrade* *President* *4-20-04* *352-243-4843*

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