2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State
05-03-2004 90733 021 ***150.00

DOCUMENT # P00000054303

1. Entity Name
PET EMPORIUM, INC.

Principal Place of Business	Mailing Address
4116 S. 3RD ST. JACKSONVILLE, FL 32250	4116 S. 3RD ST. JACKSONVILLE, FL 32250

04292004 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
10300 Southside Blvd	10300 Southside Blvd
Suite, Apt. #, etc. #137	Suite, Apt. #, etc. #137
City & State Jacksonville, FL	City & State Jacksonville, FL
Zip 32256 Country Duval	Zip 32256 Country Duval

4. FEI Number NOT APPLICABLE 59-3649810 ☐ 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
CLULEY, DENNIS M 4116 3RD ST. JACKSONVILLE, FL 32250	Name: Dennis M Cluley Street Address (P.O. Box Number is Not Acceptable): 10300 Southside Blvd #137 City: Jacksonville FL Zip Code 32256

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 ______________________________

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

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	D CLULEY, DENNIS M 4116 S. 3RD ST. JACKSONVILLE, FL 32250 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP	D Dennis M Cluley 10300 Southside Blvd #137 Jacksonville, FL 32256 ☒ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY ST ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP	☐ Change ☐ Addition

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 like empowered.

SIGNATURE: Dennis M Cluley, D 4-29-04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR