


**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

<b>DOCUMENT # P00000079478</b> 1. Entity Name <b>PET LOVERS PET SITTING INC.</b>	
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Principal Place of Business <b>14607 87TH ST. LOXAHATCHEE, FL 33470-4318</b>	Mailing Address <b>14607 87TH ST. LOXAHATCHEE, FL 33470-4318</b>
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**DO NOT WRITE IN THIS SPACE**



02132008 No Chg-P CR2E034 (11/05)

4. FEI Number <b>65-1044125</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**CHAPUIS, CAROLE  
14607 87TH ST.  
LOXAHATCHEE, FL 33470-4318**

**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: *Carole Chapuis* (NOTE: Registered Agent signature required when reinstating) DATE: 2/16/08

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PVST CHAPUIS, CAROLE 14607 87TH ST. LOXAHATCHEE, FL 334704318</b>
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IN THIS SPACE**

U00000833912  
02/28/08-80031-017 158.75

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: *Carole Chapuis* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 2/16/08 Daytime Phone #: 561-719-7914

*Correct Address*  
*12819 E. Bay Rd*  
*Loxahatchee, FL 33470*  
**FILED**  
**Feb 21 2008 08:00 A**  
**Secretary of State**