



**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 15, 2004 08:00 AM
Secretary of State

DOCUMENT # P00000092069 1. Entity Name WELL FED PET.COM, INC.	
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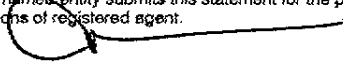
Principal Place of Business 401 E. SPRUCE ST. TARPON SPRINGS, FL 34689	Mailing Address 401 E. SPRUCE ST. TARPON SPRINGS, FL 34689
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DO NOT WRITE IN THIS SPACE


04022004 No Chg-P CR2E034 (10/03)
4. FEI Number
59-3673252 Applied For
Not Applicable
5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent
**BROWN, ANDREA
401 E. SPRUCE ST.
TARPON SPRINGS, FL 34689**

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IN THIS SPACE**

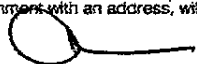
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.
SIGNATURE:  **Andrea Brown** **4-9-4**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$350.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U000000113941 04/15/04-80029-024 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BROWN, ANDREA 401 E. SPRUCE ST. TARPON SPRINGS, FL 34689
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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 807, 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:  **Andrea Brown, Director** **4-9-4** **127-937-3976**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #