

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 18, 2005 8:00 am
Secretary of State

02-18-2005 90059 037 ***150.00

DOCUMENT # P00000103042

1. Entity Name

PET SALON GROOMING & BOARDING, INC.



Principal Place of Business

818 HUSSON AVE
PALATKA FL 32177

Mailing Address

818 HUSSON AVE
PALATKA FL 32177

2. Principal Place of Business

Pet Salon Grooming & Boarding Inc

3. Mailing Address

818 HUSSON AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

PALATKA FLA

City & State

PALATKA FLA

Zip

32177

Country

Putnam

Zip

32177

Country

Putnam

4. FEI Number

59-3680108

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

KERCE, DORENE J
2402 PRESIDENT STREET
PALATKA FL 32177

7. Name and Address of New Registered Agent

Name Dorene J Kerce

Street Address (P.O. Box Number is Not Acceptable)

818 HUSSON AVE

City

Palatka

FL

Zip Code

32177

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

Dorene Judy Kerce

Dorene Judy Kerce

2/12/05

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, 2005 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P ☐ Delete
NAME KERCE, DORENE J
STREET ADDRESS 818 HUSSON AVE
CITY-ST-ZIP PALATKA FL 32177

TITLE COAP ☐ Delete
NAME ISER, DOROTHY I
STREET ADDRESS 2402 PRESIDENT STREET
CITY-ST-ZIP PALATKA FL 32177

TITLE T. ☐ Delete
NAME ISER, CHARLES T
STREET ADDRESS 2402 PRESIDENT STREET
CITY-ST-ZIP PALATKA FL 32177

TITLE S ☐ Delete
NAME PHIEL, DEBRA A
STREET ADDRESS MILTON MANOR, APT 40
CITY-ST-ZIP PALATKA FL 32177

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Dorene Judy Kerce

Dorene Judy Kerce

2/12/05

386-312-8500

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #