2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 03, 2008 8:00 am Secretary of State

DOCUMENT # P01000018813 1. Entity Name PETS "R" PEOPLE "2", INC.							03-03-200	08 90183	3 023 ***1:	50.00
0.5)0361v	4		
Principal Place of Business Mailing Address 6720 LOCKWOOD RIDGE ROAD 6720 LOCKWOOD RIDGE SARASOTA, FL 34243 SARASOTA, FL 34243					g (JU302°				
2. Principal Place of Business - No P.O. Box #		3. Mailing Address					 			
Suite, Apt. #, etc. Suite, Apt. #, etc.						02282008	Chg-P	CR2E	(12/06)	
City & State		City & State				4. FEI Number 65-1090101			_ 	oplied For ot Applicable
Zip ——————Country		Zíp	Count	ry		5. Certificate of	of Status Desired		\$8.75 Add Fee Require	
. 6. Name and Address	of Current Regis	tered Agent	<u> </u>			7. Name and	Address of New	Registered	Agent	
·				Name						
DONAHUE, PAULETTE 6720 LOCKWOOD RIDGE ROAD			-	Street Ad	ddress (F	P.O. Box Number	is Not Acceptal	ble) .		·
SARÁSOTA, FL 34243			Ī							
				City				F	Zip Cod	e
The above named entity submits this the obligations of registered agents.	statement for the	ourpose of changing its	registere	ed office or	register	ed agent, or both	n, in the State of	Florida. I ar	n familiar with,	and accept
the obligations of registered agent.										
SIGNATURE Signature, typed or printed name of	registered agent and little	d applicable. (NOTE	F: Booistered	1 Acient signatur	re required	when reinstating)		DATE		
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FILE NOW!!! FEE IS \$1 After May 1, 2008 Fee will		9. Election Campai Trust Fund Contr		cing	\$5 . Adde	00 May Be ed to Fees				
After May 1, 2008 Fee will		Trust Fund Contr			\$5. Adde	ed to Fees	CHANGES TO O	FFICERS AN	ND DIRECTOR	3 IN 11
After May 1, 2008 Fee will 10. OFF	be \$550.00	Trust Fund Contr	ribution.		\$5. Adde	ed to Fees	CHANGES TO O	FFICERS AN	ND DIRECTOR:	S IN 11
### After May 1, 2008 Fee will 10. OFF TITLE D NAME DONAHUE, PAULETT	be \$550.00 ICERS AND DIRE	Trust Fund Contr	11. TITLE		\$5. Adde	ed to Fees	CHANGES TO O	FFICERS AN		
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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.

CITY-ST-ZIP

CITY-S1-ZIP

SIGNATURE: Bellik Dona De Bill Donahue 2-29-08 941-357-67