

2004 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED

May 03, 2004 08:00 AM
Secretary of State

DOCUMENT # P01000021829

1. Entity Name
GROOMERS PET SALON, INC.



Principal Place of Business
8668 GIFFIN RD
COOPER CITY, FL 33328

Mailing Address
PO BOX 290296
DAVIE, FL 33329

DO NOT WRITE IN THIS SPACE

8 F , - , , , , - 4 . 5 F &

04302004 No Chg-P CR2E034 (10/03)

4. FEI Number
65-1096004

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

VEVERKA, LOIS
8668 GRIFFIN ROAD
COOPER CITY, FL 33328

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

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 \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

000000151092
05/04/04-80031-022 150.00

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	VEVERKA, LOIS
STREET ADDRESS	PO BOX 290296
CITY-ST-ZIP	DAVIE, FL 33329
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE
IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-30-2004

Date

Daytime Phone #