

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 03, 2006 8:00 am
Secretary of State

05-03-2006 90210 006 ***150.00

DOCUMENT # P01000028287

1. Entity Name

PETHAV'N, INC.



Principal Place of Business

4800 FRESNO ST.
COCOA FL 32927

Mailing Address

4800 FRESNO ST.
COCOA FL 32927



2. Principal Place of Business

7130 LAKE ISLAND

3. Mailing Address

7130 LAKE ISLAND

Suite, Apt. #, etc.

DRIVE

Suite, Apt. #, etc.

DRIVE

City & State

LAKE WORTH

City & State

LAKE WORTH

Zip

33467

Country

USA

Zip

33467

Country

USA

1st MOORE

CR2E034 (10/05)

4. FEI Number

65-1085860

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

DAVIS, PETER DR
7130 LAKE ISLAND DR
LAKE WORTH FL 33467

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

DR. PETER DAVIS DM

4/24/06

Signature, typed or printed name of registered agent and date if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00.

After May 1, 2006 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
NAME
STREET ADDRESS
CITY-ST-ZIP
D
DAVIS, PETER DR
4800 FRESNO STREET
COCOA FL 32927 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
WILLS, MARK
8044 BRIAN TEA DRIVE
BOYNTON BEACH FL 33437 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/06 561-951-9459

Date

Daytime Phone #