## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE AND TYPED OR PRINTED NAME OF SIGN

SIGNATURE: \_

## Secretary of State **DOCUMENT # P01000077820** 05-02-2005 90969 042 \*\*\*150.00 PET AGREE PET PRODUCTS, INC. Principal Place of Business Mailing Address <del>2295 CENESEA DA</del>NE 22<del>95 Genesea Lan</del>e VERO BEACH: Ft: 32963 VERO BEACH: FL 32963 2. Principal Place of Business 3. Mailing Address 560 COURT 1560 Suite, Apt. #, etc. Suite, Apt. #, etc. 04272005 CR2E034 (10/03) Chg-P City & State City & State 4. FEI Number Applied For VERO VERD BEACH, FL 59-3737238 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent **BURDETTE, SUSAN C** Street Address (P.O. Box Number is Not Acceptable) 2**295 GENESEA LA**NE VERO BEACH, FL 32963 Zip Code 32566 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. Lam familiar with, and accept the obligations of registered agent. 4-25-05 Burditto ed agent and title if applicable. (NOTE: Registered Agent signature required when renatating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITL F ☐ Delete TITLE BETZING, BETTY NAME 1560 51st COURT VERO BEACH, FL 32966 2206 GENESEA LANE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP VERO BEACH, FL 32963 CITY-ST-ZIP ☐ Delete BURDETTE, SUSAN C NAME NAME STREET ADDRESS 2295 GENESEN LANE STREET ADDRESS CITY-ST-ZIP VERO REACH, FL 32963 CITY-ST-ZIP TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Detete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Detete TITLE Change Addition NAME NAME STREET ADDRESS 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.

NG OFFICER OR DIRECTOR

**FILED** 

May 02, 2005 8:00 am

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