

# 2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P02000004003

1. Entity Name  
PUPPY LOVE, INC.



Principal Place of Business  
6779 SOUTH U.S. #1  
PORT ST. LUCIE, FL 34952

Mailing Address  
6779 SOUTH U.S. #1  
PORT ST. LUCIE, FL 34952

FILED  
05 AUG -1 AM 11:33  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



07152005 Chg-P CR2E034 (10/03)

4. FEI Number  
26-0033812  
Applied For  
Not Applicable

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

## 6. Name and Address of Current Registered Agent

WOOD, THERESA S  
6779 SOUTH U.S. #1  
PORT ST. LUCIE, FL 34952

## 7. Name and Address of New Registered Agent

Name Marcie Parrish  
Street Address (P.O. Box Number is Not Acceptable)  
6779 South U.S. #1  
City Port St. Lucie FL 34952

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

*Marcie Parrish*

(NOTE: Registered Agent signature required when reconstituting)

DATE

7-28-05

Amended AR is \$61.25

9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be  
Added to Fees

## 10. OFFICERS AND DIRECTORS

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P ☒ Delete  
NAME WOOD, THERESA S  
STREET ADDRESS 6779 SO. U.S. #1  
CITY-ST-ZIP PORT ST. LUCIE, FL 34952

TITLE ☐ Change ☐ Addition  
NAME 100057537921  
STREET ADDRESS 07/15/05--01076--001  
CITY-ST-ZIP \*\*61.25

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition  
NAME Marcie Parrish  
STREET ADDRESS 6779 South U.S. #1  
CITY-ST-ZIP Port St. Lucie, FL 34952

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

*Marcie Parrish*

7-28-05

724641721

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

File #