


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2005 8:00 am
Secretary of State

05-04-2005 90124 029 ***150.00

DOCUMENT # P02000042781
 1. Entity Name
FANCI-PAWS OF BREVARD, INC.



Principal Place of Business
**4635 SEMINOLE TRAIL
 MERRITT ISLAND, FL 32953**

Mailing Address
**4635 SEMINOLE TRAIL
 MERRITT ISLAND, FL 32953**

2. Principal Place of Business
460 Mohawk Trail

3. Mailing Address
460 Mohawk Trail

Suite, Apt. #, etc.



04302005 Chg-P CR2E034 (10/03)

City & State
Merritt Island, FL

City & State
Merritt Island, FL

Zip
32953

Country
Brevard

Zip
32953

Country
Brevard

4. FEI Number
01-0680809

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**LIQUORI, ANTHONY J
 4635 SEMINOLE TRAIL
 MERRITT ISLAND, FL 32953**

7. Name and Address of New Registered Agent

Name
Liquori, Anthony J.

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

City
Merritt Island

FL Zip Code
32953

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

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	PTSD LIQUORI, ANTHONY J 480 MOHAWK TRL MERRITT ISLAND, FL 32953	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD MCDANIEL, ANITA S PO BOX 541539 MERRITT ISLAND, FL 32954	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PTSD Liquori, Anthony J. 460 Mohawk Trail Merritt Island, FL 32953	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Anita S. McDaniel Date: 4-20-05 Daytime Phone #: 3214591800