2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000116340

1. Entity Name

PO BOX 7693

JUPITER, FL 33468

Principal Place of Business

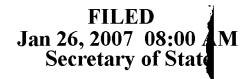
SPECIALTY PET SERVICES, INC.



Malling Address

PO BOX 7693

SUITE 30 JUPITER, FL 33468





DO NOT WRITE IN THIS SPACE

01162007

No Chg-P

CR2E034 (11/05)

 FEI Number 05-0540034 Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Rejuired

6. Name and Address of Current Registered Agent

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

COX, MINDY 1401 W. INDIANTOWN RD. PO BOX 7693 JUPITER, FL 33468

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8. The above named entity submits this statement for the purpose of changing its registered office or re	gistered agent, or both, in the State of Florida. I am familiar with, and accept
the obligations of registered agent.	
SIGNATURE	

(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be Added to Fees

U00000606125 01/30/07-80065-023 150.00

7.120 may 1, 2001 100 mm ao 4500100	
10.	OFFICERS AND DIRECTORS
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD COX, MINDY PO BOX 7693 JUPITER, FL 33468
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD COX, DAVID PO BOX 7693 JUPITER, FL 33468
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 exemptions contained in Chapter 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 of 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 attact ment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNIN

OFFICER OR DIRECTOR

1/23/00

Daytime Phone i