2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P0300000 1. Entity Name SUNDANCE PET FARM, INC.	0091		FILED 04 NOV 15 PM 4: 07	
Principal Place of Business	Mailing Address		SECRETARY OF STATE	
2672 BURNTFORK DRIVE 2672 BURNTFORK DRI			TALLAHASSEE, FLORIDA	
CLEARWATER, FL 33761	CLEARWATER, FL 337	01	DEMISTATEMENT OF	$oldsymbol{\Lambda}$
2. Principal Place of Business	3. Mailing Address			II
6473 Standing Oaks Lane 6473 Standing		g Oaks Lane	4 (K.B.)(88) ())) BRIER (())) BRIJ DRIJE DRIJE DRIJE DRIJE BRIJE BRIJE IRJAH (IRIBET II	IBEI
Suite, Apt. #, etc.	Suite, Apt. #, etc.		07262004 Chg-P CR2E034 (10/03)	
City & State	· · · · · · · · · · · · · · · · · · ·		4. FEi Number Applied 57-1146404 Not App	
Naples, Florida Zip Country	Naples Flo	Country	5. Certificate of Status Desired \$8.75 Additions	
34119 USA 6. Name and Address of Curren	34119	USA	7. Name and Address of New Registered Agent	
o. Name and Address of Curren	i Registereo Agent	Name		
		Street Addre	on <u>Thrig</u> ss (P.O. Box Number is Not Acceptable)	
,		64	73 Standing Oaks Lane	
	. ^	City	□ 7in Code	
		[Na	aples FL Zip Code 34119 stered agent, or both, in the State of Florida. I am familiar with, and	200 ant
the obligations of registered agent.	for the pulbose of changing its	registered office of reg	stered agent, or both, in the state of Florida. Tarmian with, and	ассері
SIGNATURE		is HRIG	GENERA MANAGER 10/17/04	_
Signature, typed or printed name of registered ago	TON) akaballaga+tafi bna tr	E: Registered Agent algnature rec	uired whon roinstating) DATE /	
FILE NOW!!! FEE IS \$550.00 Due by September 8, 2004	9. Election Campa Trust Fund Cont		\$5.00 May Be Added to Fees	
10. OFFICERS AN		11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN	
ITTLE PS NAME TAESOON, PARK	☐ Delete	TITLE NAME	_ • _	Addition
STREET ADDRESS 883 CHIMMEY ROCK		STREET ADDRESS	900042187329 10/26/0401053026 **\$50.0	n
TITLE INVERNESS, FL 60067	☐ Delete	CITY-\$1-ZIP		Addition
NAME	La Delate	NAME	900042187329 11/15/0401061023 **208.7	
STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY- ST-ZIP	11/15/0401061023 **208.7	5
TITLE	☐ Delete	TITLE	☐ Change ☐	Addition
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STREET ADDRESS CITY-ST-ZIP		CITY-ST-ZIP		
_WILE	Delete -	TITLE		Addition -
NAME STREET ADDRESS		NAME STREET ADDRESS		
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STREET ADDRESS		NAME	\ //\n\ /	
1		STREET ADDRESS	Mr alce	:
CITY-ST-ZIP	∏ Fielate	1	Change	Addition
CITY-ST-ZIP TITLE NAME	.☐ Delete	STREET ADDRESS CITY-ST-ZIP TITLE NAME	······································	:
CITY-ST-7JP THUE	☐ Delete	STREET ADORESS CITY-ST-ZIP TITLE	······································	:
CITY-ST-ZIP ITIUE NAME STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied windicated on this report or supplemental report of the corporation or the receiver or trustee error.	ith this filing does not qualify for this true and accurate and that powered to execute this repor	STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP or the exemption stated it as required by Chapter it as required by Chapter	······································	Addition
CITY-ST-7IP ITIUE NAME STREET ADDRESS CITY-ST-7IP 12. I hereby certify that the information supplied we indicated and this specific supplied with the information supplied with the i	ith this filing does not qualify for this true and accurate and that powered to execute this repor	STREET ADDRESS CITY-ST-ZIP TIFLE NAME STREET ADDRESS CITY-S1-ZIP or the exemption stated i my signature shall have t as required by Chapter	n Section 119.07(3)(i), Florida Statutes. I further certify that the inform	Addition