

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000000091

1. Entity Name
SUNDANCE PET FARM, INC.



Principal Place of Business
**2672 BURNTFORK DRIVE
CLEARWATER, FL 33761**

Mailing Address
**2672 BURNTFORK DRIVE
CLEARWATER, FL 33761**

2. Principal Place of Business
6473 Standing Oaks Lane

3. Mailing Address
6473 Standing Oaks Lane

Suite, Apt. #, etc.

City & State
Naples, Florida

City & State
Naples, Florida

Zip Country
34119 USA

Zip Country
34119 USA

FILED

04 NOV 15 PM 4:07

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

REINSTATEMENT

07262004 Chg-P CR2E034 (10/03)

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name
Jon Ihrig

Street Address (P.O. Box Number is Not Acceptable)
6473 Standing Oaks Lane

City
Naples

FL Zip Code
34119

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 **X** **Jon Ihrig General Manager 10/17/04**

(NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$550.00
Due by September 8, 2004**

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 NAME STREET ADDRESS CITY-ST-ZIP	PS TAESOOON, PARK 883 CHIMMEY ROCK INVERNESS, FL 60067 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 900042187329 10/26/04--01053--026 **\$550.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 900042187329 11/15/04--01061--023 **208.75
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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: X **president** **10/17/04** **8479229489**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR