

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 15, 2004 8:00 am
Secretary of State

03-02-2004 90025 035 ***150.00

DOCUMENT # P03000013839 1. Entity Name LOVE PETS, INC.					
Principal Place of Business 49 SUNSET DR SEBASTIAN FL 32958			Mailing Address 49 SUNSET DR SEBASTIAN FL 32958		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
CRAIG, DARLENE 49 SUNSET DR SEBASTIAN FL 32958				Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
B. 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 _____ 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, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State			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	PD CRAIG, JAMES 49 SUNSET DR SEBASTIAN FL 32958		TITLE NAME STREET ADDRESS CITY- ST- ZIP	PD; S, T Craig, Darlene 49 SUNSET DR.	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	VSTD CRAIG, DARLENE 49 SUNSET DR SEBASTIAN FL 32958		TITLE NAME STREET ADDRESS CITY- ST- ZIP	VP CRAIG, Mitchell 49 SUNSET DR. SEBASTIAN, FL 32958	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition	
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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: <u><i>Darlene Craig</i></u> <u><i>Darlene Craig</i></u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			<u><i>2/5/04</i></u> Date		<u><i>772-589-2926</i></u> Daytime Phone #