

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 14, 2004 8:00 am
Secretary of State

04-22-2004 90107 019 ***150.00

DOCUMENT # P03000021677

1. Entity Name
INTELLIGENT PET, INC.



Principal Place of Business
**3570 CONSUMER ST.
WEST PALM BEACH, FL 33404**

Mailing Address
**7945-C GULF BLVD.
NAVARRE, FL 32566**

2. Principal Place of Business
3570 Consumer St #8

3. Mailing Address
3570 Consumer St #8

Suite, Apt. #, etc.

City & State
West Palm Beach, FL

City & State
West Palm Beach, FL

Zip
33404

Country
33/USA

Zip
33404

Country
USA

03262004 Chg-P CR2E034 (10/03)

4. FEI Number
54-3767-583

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent
**PLAUCHE, TRACY M
7945-C GULF BLVD.
NAVARRE, FL 32566**

7. Name and Address of New Registered Agent
Name
PLAUCHE, TRACY M.
Street Address (P.O. Box Number is Not Acceptable)
3570 Consumer St. #8
City
West Palm Beach FL Zip Code
33404

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
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE **3-25-04**

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

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	P PLAUCHE, TRACY M 3570 CONSUMER ST. WEST PALM BEACH, FL 33404 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP PLAUCHE, LAWRENCE A 3570 CONSUMER ST. WEST PALM BEACH, FL 33404 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TRSR PLAUCHE, TRACY M. 3570 CONSUMER ST. WEST PALM BEACH, FL 33404 ☐ 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:
SIGNATURE AND TYPED OR PRINTED NAME OF SENDING OFFICER OR DIRECTOR Date **3-26-04** Daytime Phone # **561-845-8444**