2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

		7	-	_		3/3/2004-90/43-014-313	0.00-2120.	00		
DOCUM 1. Entity Name	MENT # P0300003419									
	DBEE PETS, INC.			趣		FIL	.ED			
						04 JUN 10 PM 4: 16				
Principal Place of Business Mailing Address						4 1 <b>4</b> 2,11 1	O 111 4	. 10		
2005 NW 392ND STREET 2005 NW 392ND STREET						SECRETAR	AT STA	TE		
OKEECHOBEE FL 34972 OKEECHOBEE FL 34972						TALLAHASS		14. 50 A		
2. Principal Place of Büsiness 3. Mailing Address										
3421 HWY441 South Suite, Apt. #, etc. Suite, Apt. #, etc.						MOORE	CR2E034 (1	1/03)		
Okeenbook, Fl 34974									Sad Sar 1	
City & State  City & State						4_FEI Number 86-105485	0		Applicable	
Zip Country Zip				itry		5. Certificate of Status Desired S8.75 Additional Fee Required				
<u> </u>	6. Name and Address of Current	T	7. Name and Address of New Registered Agent							
Name Name										
MASON, TIMOTHY S					Street Address (P.O. Box Number is Not Acceptable)					
2005 NW 392ND STREET OKEECHOBEE FL 34972										
4						·				
,				City			FL	Zip Code		
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 neme of registered agont and tipe if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE										
FILE NOW!!! FEE IS \$150.00										
After May 1, 2004 Fee will be \$550.00 \$  Make Check Fayable to Florida Department of State:  ### Added to Fees  ### Added to Fe										
10.	OFFICERS AND	DIRECTORS	11.			ADDITIONS/CHANGES TO OFF	ICERS AND D	RECTORS	IN 11	
TITLE	PD	☐ Delete	TITL	Æ	ND			Change	☐ Addition	
NAME	MASON, TIMOTHY S		NAA		1					
STREET ADDRESS CITY-ST-ZIP	2005 NW 392ND STREET OKEECHOBEE FL 34972			EET AOORESS (-ST-ZIP					-	
TITLE	DST 1	☐ Delete	TITL					7 Change	Addition	
NAME	MASON, VICTORIA L		NAA				_	_1 countries		
STREET ADDRESS	2005 NW 392ND STREET		STR	EET ADORESS						
CITY-ST-ZIP	KEECHOBEE FL 34972		ĊIT	Y-ST-ŽIP						
TITLE	DV HAROLD V	☐ Delete	1111		IPD	_		Change	Addition	
* NAME STREET ADDRESS	MASON, HAROLD V 4195 5TH PLACE, SW		NA! STR	ME EET ADDRESS	1	رسي ريده.				
- CITY-ST-ZIP	VERO BEACH FL 32968	<del></del>		Y-ST-ZP/ ===		اعتبست والمحاسر وس	. <u></u>	- <del> </del>		
TITLE	D	☐ Delete	П	LE				Change	Addition	
NAME	MASON, MARGARET G		NAJ				•			
STREET ADDRESS	4195 5TH PLACE, SW			EET ADORESS						
CITY-ST-ZIP	VERO BEACH FL 32968		<b>→</b>	Y-ST- ZIP	<del> </del>	·				
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CITY-ST-ZIP	)			Y-ST-2P						
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NAME			NA	ME						
STREET ADDRESS				REET ADDRESS	1					
CITY-ST-ZIP		to All Indiana and a second		Y-ST-ZIP	1	1 40 67/600 Ft. 11 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	14.4		d	
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.										
1-2 - V/M 1 - 1 + 5 Marcon 14 18 -04										
SIGNATURE: SIGNATURE AND THE DOOR PRINTED NAME OF SIGNATURE AND THE DOOR OF SIGNATURE AND THE DOOR OF SIGNATURE AND THE POINT OF										
<u> </u>		or agreement of the					467.3	16 17 -	Zana V	