

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

5/3/2004-90745-014-\$150.00-\$150.00

DOCUMENT # P03000034199 1. Entity Name OKEECHOBEE PETS, INC.					
Principal Place of Business 2005 NW 392ND STREET OKEECHOBEE FL 34972			Mailing Address 2005 NW 392ND STREET OKEECHOBEE FL 34972		
2. Principal Place of Business 3421 HWY 441 South Suite, Apt. #, etc. Okeechobee, FL 34974		3. Mailing Address Suite, Apt. #, etc. 			
City & State 34974		City & State 		4. FEI Number 86-1054850	
Zip 		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MASON, TIMOTHY S 2005 NW 392ND STREET OKEECHOBEE FL 34972				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;">FL Zip Code</div>	
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 _____ (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. DATE					
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. <input type="checkbox"/> \$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 MASON, TIMOTHY S 2005 NW 392ND STREET OKEECHOBEE FL 34972	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DST MASON, VICTORIA L 2005 NW 392ND STREET OKEECHOBEE FL 34972	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DV MASON, HAROLD V 4195 5TH PLACE, SW VERO BEACH FL 32968	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MASON, MARGARET G 4195 5TH PLACE, SW VERO BEACH FL 32968	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete			
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>Timothy S. Mason</u> 4-18-04 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # <div style="text-align: right;">863-467-7000</div>					

FILED

04 JUN 10 PM 4:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



MOORE CR2E034 (11/03)