

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000086496

1. Entity Name  
SUPER PET CARE. COM, INC.



FILED

04 JUL 30 AM 11:59

Principal Place of Business  
975 SUNFLOWER CIR.  
WESTON, FL 33327

Mailing Address  
975 SUNFLOWER CIR.  
WESTON, FL 33327

07/06/04 9012 036 150  
SECRETARY OF STATE  
TREASURER



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

06092004

Chg-P

CR2E034 (10/03)

City & State

City & State

4. FEI Number

☒ Applied For  
☐ Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent:

SENS, BEN  
975 SUNFLOWER CIR.  
WESTON, FL 33327

Name

Street Address (P.O. Box Number is Not Acceptable)

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 name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
Due by September 8, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the  
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D  
NAME SENS, BEN  
STREET ADDRESS 975 SUNFLOWER CIR.  
CITY-ST-ZIP WESTON, FL 33327 ☐ Delete

TITLE  
NAME 200040224532  
STREET ADDRESS 08/16/04--01080--011 \*\*8.75  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

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 SIGNING OFFICER OR DIRECTOR

6-14-04 (954) 648-9883  
Date Daytime Phone #

Super Pet Care.Com, Inc.  
975 Sunflower Circle  
Weston, Fl. 33327

07-20-04

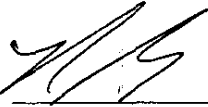
Florida Department of State  
Division Of Corporations  
P.O. Box 6327  
Tallahassee, Florida  
32314

Ref. # P03000086496

We are in receipt of your 7-8-04 letter requesting a late fee of \$400.00. We believe we did not receive the 2004 Corporation Annual Report on time. Consequently, we called your office and we were informed that we could download a form and send it in with the \$150.00 normal fee. Unfortunately, we believe that we downloaded a form without checking the appropriate box which states that the form was not received on time. Subsequently, we did download the proper form and omitted it from our letter to you. Enclosed, please find the proper form. Thank you for your assistance in taking care of this matter.

Please also find enclosed a check in the amount of \$8.75 for a certificate of status.

Super Pet Care. Com, Inc.



Brian Sens, Manager