

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P03000106794



1. Entity Name
RPET, INC.

Principal Place of Business
8275 US HWY 301 N
PARRISH, FL 34219

Mailing Address
8275 US HWY 301 N
PARRISH, FL 34219

**FILED
Apr 30, 2005 08:00 AM
Secretary of State**



04272005 No Chg-P CR2E034 (10/03)

4. FEI Number 20-0417474	Applied For Not Applicable
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5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

TETRAULT, POLLY
8275 US HWY 301 NORTH
PARRISH, FL 34219

**DO NOT WRITE
IN THIS SPACE**

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
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TETRAULT, RICHARD 8275 US HWY 301 NORTH PARRISH, FL 34219
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TETRAULT, POLLY 8275 US HWY 301 NORTH PARRISH, FL 34219
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000348513
05/02/05-80027-012 150.00

**DO NOT WRITE
IN THIS SPACE**

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

28/05 0417765598
Date Daytime Phone #