


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 12, 2007 08:00 AM
Secretary of State

DOCUMENT # P04000032375	
1. Entity Name MY PETZ BED & BREAKFAST, INC.	

Principal Place of Business 127 MIRACLE STRIP PARKWAY SW N-7 FORT WALTON BEACH, FL 32548	Mailing Address 127 MIRACLE STRIP PARKWAY SW N-7 FORT WALTON BEACH, FL 32548
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DO NOT WRITE IN THIS SPACE



03082007 No Chg-P CR2E034 (11/05)

4. FEI Number 84-1641064	Applied For Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent MEADE, MIKE 24 NE WALTER MARTIN ROAD FORT WALTON BEACH, FL 32548

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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
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FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BROOKS, MARION E 127 MIRACLE STRIP PKWY SW, N-7 FORT WALTON BEACH, FL 32548
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVP BROOKS, JANICE F 127 MIRACLE STRIP PKWY SW, N-7 FORT WALTON BEACH, FL 32548
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03/22/07-80033-019 158.75

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: 	MARION E. BROOKS 3/8/07	(850) 243-5604
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<small>Date</small>	<small>Daytime Phone #</small>