


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2005 8:00 am
Secretary of State

04-18-2005 90549 005 ***150.00

| | | | |
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| DOCUMENT # P04000039534 | |  | |
| 1. Entity Name THE PET NANNY OF THE SUNCOAST, INC. | | | |
| Principal Place of Business 8423 SYLVAN WOODS DRIVE SARASOTA, FL 34243 | | Mailing Address 8423 SYLVAN WOODS DRIVE SARASOTA, FL 34243 | |
| 2. Principal Place of Business 9206 Woodmeadow Loop | | 3. Mailing Address 9206 Woodmeadow Loop | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State Bradenton FL | | City & State Bradenton, FL | |
| Zip 34202 | Country USA | Zip 34202 | Country USA |
| 6. Name and Address of Current Registered Agent SNYDER, DONALD H JR. 5603 26TH STREET WEST BRADENTON, FL 34207 | | 7. Name and Address of New Registered Agent | |
| Name | | Name | |
| Street Address (P.O. Box Number is Not Acceptable) | | Street Address (P.O. Box Number is Not Acceptable) | |
| City | | City | |
| FL | | FL | |
| Zip Code | | Zip Code | |
| B. 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. | | B. 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 | | DATE | |
| Signature, typed or printed name of registered agent and title if applicable. | | (NOTE: Registered Agent signature required when reinstating) | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 | | 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 | PRES DOINIDIS, DEBORAH A 8423 SYLVAN WOODS DRIVE SARASOTA, FL 34243 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 9206 Woodmeadow Loop Bradenton, FL 34202 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP DOINIDIS, DEBORAH A 8423 SYLVAN WOODS DRIVE SARASOTA, FL 34243 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 9206 Woodmeadow Loop Bradenton, FL 34202 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SEC DOINIDIS, DEBORAH A 8423 SYLVAN WOODS DRIVE SARASOTA, FL 34243 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 9206 Woodmeadow Loop Bradenton, FL 34202 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TREA DOINIDIS, DEBORAH A 8423 SYLVAN WOODS DRIVE SARASOTA, FL 34243 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 9206 Woodmeadow Loop Bradenton, FL 34202 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 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>Deborah Doinidis</u> Deborah Doinidis | | Date: <u>4/12/05</u> (941) 739-8570 | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | Date Daytime Phone # | |