

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000072003			
1. Entity Name JONI'S PET SALON, INC.			
Principal Place of Business 3404-A S DALE MABRY HWY TAMPA, FL 33629		Mailing Address 3404-A S DALE MABRY HWY TAMPA, FL 33629	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent DUFFY, JOAN M 3404-A S DALE MABRY HWY TAMPA, FL 33629		7. Name and Address of New Registered Agent 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 a registered agent. SIGNATURE <i>Sheryl Horney</i> DATE <i>4-29-05</i> (NOTE: Registered Agent signature required when remediating)			
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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT DUFFY, JOAN M 3404-A S DALE MABRY HWY TAMPA, FL 33629 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS HONEYMAN, SHERYL S 3404-A S DALE MABRY HWY TAMPA, FL 33629 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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 <i>Sheryl Horney</i> DATE <i>4-29-05 (813)</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DAYTIME PHONE # <i>902-9489</i>			