

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 03, 2006 8:00 am
Secretary of State

03-17-2006 90121 024 ***150.00

DOCUMENT # P05000040045

1. Entity Name
LOVE THOSE PETS, INC.



Principal Place of Business

**2225 WILTON DRIVE
WILTON MANORS, FL 33334**

33305

Mailing Address

**2225 WILTON DRIVE
WILTON MANORS, FL 33334**

33305

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

33305

Country

USA

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

33305

Country

USA

03012008

Chg-P

CR2E034 (11/05)

4. FEI Number

20-2431778

Applied For

☐ Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**CASEY, PAUL T
1800 N ANDREWS AVENUE APT. 3A
FORT LAUDERDALE, FL 33311**

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 registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when relinquishing)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 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
**CASEY, PAUL T
1800 N ANDREWS AVENUE APT. 3A
FORT LAUDERDALE, FL 33311**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE
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STREET ADDRESS
CITY-ST-ZIP

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:

Paul T. Casey

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-14-06 954-390-6065

Date

Daytime Phone

*Paid
3-14-06*