

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000018649

Entity Name: SAWYERS PET SAFARI, INC.

FILED
May 21, 2007
Secretary of State

Current Principal Place of Business:

209 N. HWY 17-92
LONGWOOD, FL 32750 US

New Principal Place of Business:

Current Mailing Address:

209 N. HWY 17-92
LONGWOOD, FL 32750 US

New Mailing Address:

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MCMENEMY, BRUCE CPA
300 NORTH RONALD REAGAN BLVD
SUITE 308
LONGWOOD, FL 32750 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: SAWYER, THERESA
Address: 6090 LAKE AVE
City-St-Zip: SANFORD, FL 32773

Title: VP () Delete
Name: SAWYER, SCOTT
Address: 6090 LAKE AVE
City-St-Zip: SANFORD, FL 32773

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: THERESA SAWYER

P

05/21/2007

Electronic Signature of Signing Officer or Director

_____ Date