

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 30, 2008 8:00 am
Secretary of State

05-30-2008 90220 045 ***150.00

DOCUMENT # P07000125444 1. Entity Name PAMPERED PET OF STUART FLORIDA INC			
Principal Place of Business 674 SE MONTEREY RD STUART FL MARTIN 34 994		Mailing Address 674 SE MONTEREY RD STUART FL MARTIN 34 994	
2. Principal Place of Business - No P.O. Box # 674 S.E. MONTEREY RD		3. Mailing Address SAMU	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 	
City & State STUART FL		City & State 	
Zip 328694		Country MARTIN	
4. FEI Number 043693559		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SUNAFRANK, JEANNE K 2510 SE CHOCTAW ST PORT ST LUCIE FL 34953		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) SAMU 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 Jeanne K Sunafrank 4/28/08 <small>Signature, typed or printed name of registered agent and title is acceptable. (NOTE: Registered Agent signature required when reinstating)</small> DATE			
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee Will Be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			
TITLE	P	<input type="checkbox"/> Delete	NAME SUNAFRANK, JEANNE K
STREET ADDRESS	2510 SE CHOCTAW ST		CITY-ST-ZIP PORT ST LUCIE FL 3495-3
TITLE		<input type="checkbox"/> Delete	NAME
STREET ADDRESS			CITY-ST-ZIP
TITLE		<input type="checkbox"/> Delete	NAME
STREET ADDRESS			CITY-ST-ZIP
TITLE		<input type="checkbox"/> Delete	NAME
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TITLE		<input type="checkbox"/> Delete	NAME
STREET ADDRESS			CITY-ST-ZIP
TITLE		<input type="checkbox"/> Delete	NAME
STREET ADDRESS			CITY-ST-ZIP
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME
STREET ADDRESS			CITY-ST-ZIP
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME
STREET ADDRESS			CITY-ST-ZIP
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME
STREET ADDRESS			CITY-ST-ZIP
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME
STREET ADDRESS			CITY-ST-ZIP
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Jeanne K Sunafrank 4/28/08 President <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> Date Daytime Phone #			