2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 27, 2004
Secretary of State

DOCUMENT# P93000031993

Entity Name: DEAN'S ANIMAL SUPPLY, INC.

Current Principal Place of Business:

4260 LIPPMAN RD
SAINT CLOUD, FL 34772 US

New Principal Place of Business:

Current Mailing Address:

P. O. BOX 701172
SAINT CLOUD, FL 34770 US

New Mailing Address:

FEI Number: 59-3179674 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MOBERG, DEAN
4260 LIPPMAN RD.
SAINT CLOUD, FL 34772 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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: MOBERG, DEAN
Address: 4260 LIPPMAN RD.
City-St-Zip: SAINT CLOUD, FL 34772

Title: ST ( ) Delete
Name: MOBERG, JENNIFER
Address: 4260 LIPPMAN RD.
City-St-Zip: SAINT CLOUD, FL 34772

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 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 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: JENNIFER MOBERG ST 01/27/2004

Electronic Signature of Signing Officer or Director Date