2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE

Feb 02, 2004 08:00 AM DOCUMENT # P94000086363 **Secretary of State** 1. Entity Name A-1 PETS, INC. Principal Place of Business Mailing Address 11190 SPRING HILL DR 1421 EXOTIC AVENUE SPRINGHILL FL 34609 SPRING HILL FL 34609 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc CR2E034 (11/03) Applied For City & State City & State 4. FEI Number 59-3284500 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name ROTHENBERG, THOMAS C Street Address (P.O. Box Number is Not Acceptable) 1421 EXOTIC AVENUE SPRING HILL FL 34609 Zip Code City 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 roinstating) CATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 31. ☐ Change Addition PSTD ☐ Delete TITLE TIBLE ROTHENBERG, THOMAS C NAME £1000000024785 STREET ADDRESS 1421 EXOTIC AVENUE STREET ADDRESS 02/02/04-80078-021 **150.00** SPRING HILL FL 34609 CYTY - ST - 20P C87Y - ST - 282 Change Addition ☐ Defete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE 737L£ 3.223.EE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Defete THE TITE NAME NAME STREET ADDRESS STREET ADDRESS C87 - ST- 762 CITY-ST-ZIP ☐ Change Delete HILE Addition 717 (F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CEY-ST-787 Delete TITLE ☐ Change ☐ Addition 1323 E NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CSTY-ST-ZSP 12. Thereby certify that the information supplied with this filling does not qualify 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 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.

THOMAS C ROTHENBERG 1-27-04

666-7001

FILED