

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P96000021594

1. Entity Name
PET PROTECT, INC.



Principal Place of Business
830 ANCHOR RODE DRIVE
NAPLES, FL 34103 US

Mailing Address
P.O. BOX 11447
NAPLES, FL 34101

DO NOT WRITE IN THIS SPACE

**FILED
Jan 20, 2004 08:00 AM
Secretary of State**



01082004 No Chg-P CR2E034 (10/03)

| | |
|-----------------------------|-------------------------------|
| 4. FEI Number 65-0659641 | Applied For Not Applicable |
|-----------------------------|-------------------------------|

| | |
|----------------------------------|---|
| 5. Certificate of Status Desired | <input type="checkbox"/> \$8.75 Additional Fee Required |
|----------------------------------|---|

6. Name and Address of Current Registered Agent

SUTTER, RHONA H
830 ANCHOR RODE DRIVE
NAPLES, FL 34103

**DO NOT WRITE
IN THIS SPACE**

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 reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PTVS
NAME SUTTER, RHONA H.
STREET ADDRESS 830 ANCHOR RODE DRIVE
CITY-ST-ZIP NAPLES, FL 34103

000000007141

01/20/04-80009-023 150.00

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

31 December 2003 23940
Date Daytime Phone #