

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000097020

FILED
May 10, 2005
Secretary of State

Entity Name: CONNOLLY'S PAMPERED POODLE AND PALS, INC.

Current Principal Place of Business:

1920 62ND AVE. NO.
ST. PETERSBURG, FL 33702

New Principal Place of Business:

Current Mailing Address:

1920 62ND AVE. NO.
ST. PETERSBURG, FL 33702 US

New Mailing Address:

FEI Number: 59-1655341 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

QUINNETTE, LANI
1920 62ND AVE. NO.
ST. PETERSBURG, FL 33702 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: DPT () Delete
Name: QUINETTE, DAPHNE L
Address: 2869 39 AVENUE NORTH
City-St-Zip: SAINT PETERSBURG, FL 33714

Title: VST () Delete
Name: QUINETTE, DAPHNE L
Address: 2869 39 AVENUE NORTH
City-St-Zip: SAINT PETERSBURG, FL 33714

Title: S () Delete
Name: POINETTE, LANI
Address: 1920 62ND AVE. NO
City-St-Zip: ST PETERSBURG, FL 33702

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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: DAPHNE L. QUINETTE

DPT

05/10/2005

Electronic Signature of Signing Officer or Director

_____ Date