


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 30, 2007 08:00 AM**  
**Secretary of State**

DOCUMENT # P96000097020


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



Principal Place of Business      Mailing Address

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

**DO NOT WRITE IN THIS SPACE**



04262007      No Chg-P      CR2E034 (11/05)

4. FEI Number 59-1655341	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

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

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.            \$5.00 May Be Added to Fees

U00000741243  
 05/15/07-80019-025 150.00

10. OFFICERS AND DIRECTORS

TITLE	DPT
NAME	QUINETTE, DAPHNE L
STREET ADDRESS	2869 39 AVENUE NORTH
CITY-ST-ZIP	SAINT PETERSBURG, FL 33714
TITLE	VST
NAME	QUINETTE, DAPHNE L
STREET ADDRESS	2869 39 AVENUE NORTH
CITY-ST-ZIP	SAINT PETERSBURG, FL 33714
TITLE	S
NAME	POINETTE, LANI
STREET ADDRESS	1920 62ND AVE. NO
CITY-ST-ZIP	ST PETERSBURG, FL 33702
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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 Daphne L. Quinette      Date 4-28-07      Daytime Phone # 727-526-1938

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR