

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT****FILED**
Apr 19, 2005 8:00 am
Secretary of State

04-19-2005 90380 048 ***158.75

DOCUMENT # P98000046213**1. Entity Name**
DOWNTOWN PET SALON, INC.**Principal Place of Business**
547 GRACE AVENUE
PANAMA CITY, FL 32401**Mailing Address**
547 GRACE AVENUE
PANAMA CITY, FL 32401**DO NOT WRITE IN THIS SPACE**

04072005 No Chg-P CR2E034 (10/03)

4. FEI Number
59-3524711**Applied For**
Not Applicable**5. Certificate of Status Desired** ☐ **\$8.75 Additional Fee Required****6. Name and Address of Current Registered Agent**WADDELL, DONNA L
547 GRACE AVENUE
PANAMA CITY, FL 32401**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 the obligations of registered agent.****SIGNATURE***Donna L. Waddell*

Signature, typed or printed name of registered agent and the fee applicable

(NOTE: Registered Agent signature required when removing)

4/12/05
DATE**FILE NOW!! FEE IS \$150.00**
After May 1, 2005 Fee will be \$350.00**9. Election Campaign Financing**
Trust Fund Contribution. ☐**\$5.00 May Be**
Added to Fees**10. OFFICERS AND DIRECTORS****TITLE** PT
NAME WADDELL, DONNA L
STREET ADDRESS 547 GRACE AVENUE
CITY-ST-ZIP PANAMA CITY, FL 32401**TITLE** D
NAME WADDELL, DONALD R
STREET ADDRESS 5610 E HIGHWAY 98
CITY-ST-ZIP PANAMA CITY, FL 32404**TITLE**
NAME
STREET ADDRESS
CITY-ST-ZIP**TITLE**
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CITY-ST-ZIP**TITLE**
NAME
STREET ADDRESS
CITY-ST-ZIP**DO NOT WRITE
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(1), 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 007, 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:***Donna L. Waddell*

SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR

Date

Daytime Phone #