


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**Jan 09, 2004 08:00 AM  
Secretary of State**

<b>DOCUMENT # P98000058581</b> 1. Entity Name <b>PET LOVERS CHOICE, INC.</b>		
Principal Place of Business <b>621 EAST ORANGE STREET APOPKA, FL 32703 US</b>		Mailing Address <b>621 EAST ORANGE STREET APOPKA, FL 32703 US</b>
<b>DO NOT WRITE IN THIS SPACE</b>		
6. Name and Address of Current Registered Agent  <b>BREEDWELL, RAYMOND M 621 EAST ORANGE STREET APOPKA, FL 32703</b>		<b>DO NOT WRITE IN THIS SPACE</b>
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: <u><i>Raymond Breedwell</i></u> (NOTE: Registered Agent signature required when reinstating) Signature typed or printed name of registered agent and title if applicable. DATE: <u>Jan. 7, 04</u>		
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BREEDWELL, RAYMOND M 621 EAST ORANGE STREET APOPKA, FL 32703	
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 exemption stated in Section 119.07(3)(f), 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: <u><i>Raymond Breedwell</i></u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		<u>Jan. 7, 04</u> <u>407-889-7945</u> Date Daytime Phone #



01062004 No Chg-P CR2E034 (10/03)

4. FEI Number <b>59-3516223</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

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01/09/04-80024-019 150.00

**DO NOT WRITE  
IN THIS SPACE**