·PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

00 JUN -2 AM 7: 45

SECRETARY OF STATE TALLAHASSEE, FLORIDA

DOCUMENT #

1. Corporation Name Your Baby is Ours-Pet sitters, Inc.

Principal Place of Burgess
1608 18Th ST,
SARASOFA FC

P.O. Box 18929 SARASOTA FC 3427

	DO	1OF	WRITE	.IN	THIS	SPACE	
_							

342.74		0110110114	/-C	07	46	3.	Date Incorporated or Qualifed 7/13/9 9		
Principal Place of B	usiness	2a. Mailing Address				4.	65-0932360		Applied For Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.	·			5.	Certificate of Status Desired		5 Additional Required
City. & State 3 9 2 3 9 Zip	SARASOYA	28		5.4	exsor A		Election Campaign Financing Trust-Fund Contribution		00 May Be ed to Fees
Zip	Country 25	Zip <b>29</b>		intry		8.	This corporation owes the current year I Personal Property Tax.	ntangible ☐ Yes	No
9. Na	me and Address of Current	s of Current Registered Agent			10. Name and Address of New Registered Agent				
DANIEL	L. PREWETT	Ph.D.		81	Name	Nla	4		
DANIEL L. PREWETT Ph.D. 5777 BENEVA Rd SO				82	Street Addre	eet Address/(P.O. Box Number is Not Acceptable)			
			83						
	·			84	City		F	L 85 Z	(ip Code
		1 007 4500 EL 11 Ot 1	4 41				1 1 11 1 1 1 1 1		to the second

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE	NIR				
		egistered Agent signature requi			
12.	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS A		
TITLE	WELLES STYMOUR DELETE	1.1 TITLE		Change	☐ Addition
NAME		1.2 NAME			
STREET ADDRESS	1608 18th St	1.3 STREET ADDRESS			
CITY-ST-ZIP	SARASOFA PL 34276	1.4 CITY-ST-ZIP			
TITLE	VICE PRESMENT	2.1 TITLE		☐ Change	☐ Addition
NAME	ROSE MARRY HOW ADAMS 2945 DUAR TERRAS	2.2 NAME	<b>80000</b> 3343 -08/02/00	1198-	4
STREET ADDRESS	29US DUAR TERRACE	2.3 STREET ADDRESS	-08/02/00	01012 <u>-</u> 0	)15
CITY-ST-ZIP	West PORT 1234281	2.4 CITY-ST-ZIP	****150.00		
mle ~	DÉLETÉ	3.1 TITLE		☐ Change	" " Addition
NAME		3.2 NAME			
STREET ADDRESS		33 STREET ADDRESS			
CITY-ST-ZIP		3.4. CITY-ST-ZIP			
TITLE	☐ DELETE	4.1 TITLE		☐ Change	☐ Addition
NAME		4. 2 NAME			
STREET ADDRESS		4.3 STREET ADDRESS			
CITY-ST-ZIP		4.4 CITY-ST-ZIP			
TITLE	DELETE	5.1 TITLE		Change	☐ Addition
NAME		5.2 NAME			
STREET ADDRESS		5.3 STREET ADDRESS			
CITY-ST-ZIP		5.4 CITY-ST-ZIP			
TITLE	DELETE	6.1 TITLE		☐ Change	☐ Addition
NAME		6.2 NAME			
STREET ADDRESS		6.3 STREET ADDRESS			
CITY-ST-ZIP		6.4 CITY-ST-ZIP			
	partify that the information cumplied with this filing does not qualify for the	<u> </u>	Section 110 07/3\(\(\)\) Florido Statutos I further os	etifu that the int	formation

indicated on this annual report or supplemental annual 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