## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

## May 02, 2005 08:00 AM Secretary of State **DOCUMENT # P99000085158** 1. Entity Name DEBBIE'S PET SUPPLIES, INC. Principal Place of Business Mailing Address 14192 US HWY 19 14192 US HWY 19 HUDSON, FL 34667 HUDSON, FL 34667 04252005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-3599957 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent - Committee of the state of the SPENCER, DEBRA DO NOT WRITE 14826 GARSON LOOP SPRING HILL, FL 34610 IN THIS SPACE \$. 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** Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FIATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS PST TITLE SPENCER, DEBRA NAME 14826 GARSON LOOP STREET ADDRESS CITY-ST-ZIP SPRING HILL, FL 34610 U00000352890 05/03/05-80047-002 150.00 TITLE NAME STREET ADDRESS CTTY-ST-ZIP للوافقة الإقامين البراجية العالم والمعاطر المؤرنيسة، والعجيب مارية البيار الرامية (42 أرميني وراء أزام TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP ME NAME STREET ADDRESS 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119 07(3)(i). Florida Statutes 1 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.

FILED