2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 21, 2005 8:00 am
Secretary of State
03-21-2005 90110 049 ***150.00

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1st MOORE CR2E034 (10/04)

DOCUMENT # **P03000056610**

1. Entity Name

ANIMAL CENTERS OF SOUTH FLORIDA, INC.

Principal Place of Business	Mailing Address
5573 GOLDEN GATE PKWY NAPLES FL 34116	2335 TAMIAMI TRAIL NORTH SUITE 301 NAPLES FL 34103

2. Principal Place of Business		3. Mailing Address	
		21301 S. Tamiami Trail	
Suite, Apt. #, etc.		Suite, Apt. #, etc. Ste #320	
City & State		City & State Estero, FL	
Zip	Country	Zip 33928	Country US

4. FEI Number 20-0185676 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

GOLD, DENNIS S ESQ.
2335 TAMIAMI TRAIL NORTH
SUITE 301
NAPLES FL 34103

7. Name and Address of New Registered Agent

Name Tonya F. Brown
Street Address (P.O. Box Number is Not Acceptable) 21301 South Tamiami Trail
Ste #320
City Estero **FL** Zip Code 33928

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 [signature] 3-15-05
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee Will Be $550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GOLD, DENNIS S 2335 TAMIAMI TRAIL NORTH #301 NAPLES FL 34103	☑ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/S/D Tonya F. Brown 21301 South Tamiami Tr. Ste #320 Estero, FL 33928	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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. 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: [signature] Tonya Brown 3-15-05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #