


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**Feb 17, 2005 08:00 AM  
Secretary of State**

<b>DOCUMENT # K15988</b> 1. Entity Name <b>ANIMAL CARE CENTER, INC.</b>		
Principal Place of Business <b>2520 ST. JOHNS BLUFF RD. JACKSONVILLE, FL 32246 US</b>	Mailing Address <b>2520 ST JOHNS BLUFF RD JACKSONVILLE, FL 32246</b>	



**DO NOT WRITE IN THIS SPACE**

01192005 No Chg-P CR2E034 (10/03)

4. FEI Number <b>59-2872811</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

**6. Name and Address of Current Registered Agent**

**STAMM, ALAN  
2516 ST. JOHNS BLUFF ROAD  
JACKSONVILLE, FL 32246**

**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 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)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P STAMM, ALAN K. 2516 ST JOHNS BLUFF RD JACKSONVILLE, FL 32246
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST STAMM, JANET DELORIS 2516 ST JOHNS BLUFF RD JACKSONVILLE, FL 32246
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V HANSEN, RONALD, R 139 NANDINA CIRCLE PONTE VEDRA BEACH, FL 32082
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS 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(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:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*Scott A. Nelson* Secretary of State 1/20/2005 904-642-1655