2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 10, 2009
Secretary of State

DOCUMENT# K15988

Entity Name: ANIMAL CARE CENTER, INC.

Current Principal Place of Business:

2520 ST. JOHNS BLUFF RD.
JACKSONVILLE, FL 32246 US

New Principal Place of Business:

Current Mailing Address:

2520 ST JOHNS BLUFF RD
JACKSONVILLE, FL 32246

New Mailing Address:

2520 ST. JOHNS BLUFF RD.
JACKSONVILLE, FL 32246 US

FEI Number: 59-2872811 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: STAMM, ALAN K.,
Address: 2516 ST JOHNS BLUFF RD
City-St-Zip: JACKSONVILLE, FL 32246

Title: ST ( ) Delete
Name: STAMM, JANET DELORIS,
Address: 2516 ST JOHNS BLUFF RD
City-St-Zip: JACKSONVILLE, FL 32246

Title: V ( ) Delete
Name: HANSEN, RONALD, R,
Address: 139 NANDINA CIRCLE
City-St-Zip: PONTE VEDRA BEACH, FL 32082

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change ( ) Addition
Name: HANSEN, RONALD, R,
Address: 139 NANDINA CIRCLE
City-St-Zip: PONTE VEDRA BEACH, FL 32082

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JANET DELORIS STAMM S/T 01/10/2009

Electronic Signature of Signing Officer or Director Date