

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2006 08:00 AM
Secretary of State

DOCUMENT # K72725

1. Entity Name
CRITTER'S CORNER PET SHOP, INC.



Principal Place of Business

1958 STATE ROAD 44
NEW SMYRNA BEACH, FL 32168 US

Mailing Address

1958 STATE RD 44
NEW SMYRNA BEACH, FL 32168

DO NOT WRITE IN THIS SPACE



04112006 No Chg-P CR2E034 (11/05)

4. FEI Number
59-2972390

Applied For
Not Applicable

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

8. Name and Address of Current Registered Agent

FISHER, LANA W.
1958 SR 44
NEW SMYRNA BEACH, FL 32168

**DO NOT WRITE
IN THIS SPACE**

9. 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 re-registering)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

11. Election Campaign Financing
Trust Fund Contribution. ☐

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

000000511109
04/29/06-80038-005 150.00

10. OFFICERS AND DIRECTORS

TITLE P
NAME FISHER, LANA W.
STREET ADDRESS 2100 AIR PARK RD
CITY-ST-ZIP EDGEWATER, FL

TITLE VP
NAME FISHER, PATRICK A.
STREET ADDRESS 2100 AIR PARK RD
CITY-ST-ZIP EDGEWATER, FL

TITLE S
NAME NORMAN, AMY
STREET ADDRESS 2100 AIR PARK RD
CITY-ST-ZIP EDGEWATER, FL

TITLE T
NAME WHEELER, MERLENE
STREET ADDRESS 2100 AIR PARK ROAD
CITY-ST-ZIP EDGEWATER, FL

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 exemptions contained 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 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:

Lana W. Fisher Lana W. Fisher

4-11-06 (386) 423-8723

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #