2008 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # K80302

1. Entity Name
ANIMAL HEALTHCARE LABS, INC.

Principal Place of Business

540 E 3RD ST
JACKSONVILLE, FL 32206   US

Mailing Address

PO BOX 3172
JACKSONVILLE, FL 32206   US

DO NOT WRITE IN THIS SPACE

04092008   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
75-2055136	Not Applicable

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

6. Name and Address of Current Registered Agent

GHIOTO, RONALD T.
1096 E. 18TH STREET
JACKSONVILLE, FL 32206

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, 2008 Fee will be $550.00

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

U00000945242
05/29/08-80131-022 150.00

10.	OFFICERS AND DIRECTORS
TITLE	PD
NAME	GHIOTO, RONALD T
STREET ADDRESS	540 E. 3RD STREET
CITY-ST-ZIP	JACKSONVILLE, FL 32206
TITLE	VD
NAME	GHIOTO, GREGORY C
STREET ADDRESS	540 E. 3RD STREET
CITY-ST-ZIP	JACKSONVILLE, FL 32206
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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 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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-29-2008   904-355-6019
Date   Daytime Phone #