

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 23, 2005 8:00 am
Secretary of State

02-23-2005 90079 008 ***150.00

DOCUMENT # M74839

1. Entity Name

ADVANCED PET CARE CENTER, INC.



Principal Place of Business

600 ENGLISH AVENUE
HOMESTEAD FL 33030
US

Mailing Address

% FRANK PROSEK
25505 SW 182 AVE
HOMESTEAD FL 33031

50018493



1st MOORE

CR2E034 (10/04)

2. Principal Place of Business

3. Mailing Address

292 BOTTOMWOOD SHORES DRIVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

KEY LARGO FL

4. FEI Number

65-0048209

Applied For

Not Applicable

Zip

Country

Zip

Country

33037

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PROSEK, GAIL
25505 S.W. 182 AVENUE
HOMESTEAD FL 33031

Name

Street Address (P.O. Box Number is Not Acceptable)

292 BOTTOMWOOD SHORES DRIVE

City

KEY LARGO

FL

Zip Code
33037

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

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 P ☐ Delete
NAME PROSEK, FRANK
STREET ADDRESS 25505 S.W. 182 AVE.
CITY-ST-ZIP HOMESTEAD FL 33031

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ST ☐ Delete
NAME PROSEK, GAIL A.
STREET ADDRESS 25505 S.W. 182 AVENUE
CITY-ST-ZIP HOMESTEAD FL 33031

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIP

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:

Gail A. Prosek GAIL A. PROSEK
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-15-05 305-451-4688

Date

Daytime Phone #