

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 10, 2008 08:00 AM
Secretary of State

DOCUMENT # N00000004324

1. Entity Name

COMPASSION SPAY/NEUTER, INC.



Principal Place of Business

12177 TIMBERLANE
BROOKSVILLE, FL 34601

Mailing Address

12177 TIMBERLANE
BROOKSVILLE, FL 34601



01072008 No Chg-NP

CR2E037 (4/06)

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4. FEI Number

59-3656032

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

TRUSTY, ANDREA
12177 TIMBERLANE
BROOKSVILLE, FL 34601

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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

Filing Fee is \$61.25
Due by May 1, 2008

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

000000778778
01/11/08-80011-005 61.25

10. OFFICERS AND DIRECTORS

TITLE	TD
NAME	TRUSTY, ROGER
STREET ADDRESS	12177 TIMBERLANE
CITY-ST-ZIP	BROOKSVILLE, FL 34601
TITLE	PSD
NAME	TRUSTY, ANDREA B
STREET ADDRESS	12177 TIMBERLANE
CITY-ST-ZIP	BROOKSVILLE, FL 34601
TITLE	VD
NAME	DENTON, JAMES
STREET ADDRESS	14484 BROOKRIDGE BLVD
CITY-ST-ZIP	BROOKSVILLE, FL 34613
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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 617, 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:

Andrea B. Trusty **ANDREA B. TRUSTY** 1/8/08 (352) 799-0636

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #