

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000008290

FILED
Apr 27, 2008
Secretary of State

Entity Name: PROTECTORS OF COMPANION ANIMALS, INC.

Current Principal Place of Business:

120 N FAIRFAX AVE
WINTER SPRINGS, FL 327082533 US

New Principal Place of Business:

Current Mailing Address:

P. O. BOX 181176
CASSELBERRY, FL 327181176 US

New Mailing Address:

FEI Number: 59-3760425

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

WADE, GLORIA E PRES.
120 N FAIRFAX AVE
WINTER SPRINGS, FL 327082533 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

OFFICERS AND DIRECTORS:

Title: PRES () Delete
Name: WADE, GLORIA E PRES.
Address: 120 N FAIRFAX AVE
City-St-Zip: WINTER SPRINGS, FL 327082533 US

Title: V.P. () Delete
Name: FRAZIER, JONATHON P V. P.
Address: 1215 MURDOCK BOULEVARD
City-St-Zip: ORLANDO, FL 32825 US

Title: S/T () Delete
Name: LEBEAU, SHARON SEC/TRE
Address: 259 FALLEN PALM DRIVE
City-St-Zip: CASSELBERRY, FL 32707 US

Title: DIR (X) Delete
Name: FRAZIER, JOAN W DIRECTO
Address: 1201 MURDOCK BOULEVARD
City-St-Zip: ORLANDO, FL 32825 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GLORIA E. WADE

PRES

04/27/2008

Electronic Signature of Signing Officer or Director

Date