

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 02, 2006 8:00 am**  
**Secretary of State**

02-02-2006 90079 016 \*\*\*\*61.25

<b>DOCUMENT # N03000000992</b> 1. Entity Name <b>GULF COAST PET PARTNERS, INC.</b>					
Principal Place of Business <b>CENTER FOR POSITIVE AGING 2280 AARON STREET PORT CHARLOTTE, FL 33952</b>			Mailing Address <b>CENTER FOR POSITIVE AGING 2280 AARON STREET PORT CHARLOTTE, FL 33952</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>74-3078850</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>JOHN, MURPHY T P C/O CFPA 2280 AARON STREET PORT CHARLOTTE, FL 33952</b>				7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reissuing)</small>					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to <b>Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	D, VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MYERS, LESLIE		NAME	Veronica Madsen	
STREET ADDRESS	C/O CFPA 2280 AARON STREET		STREET ADDRESS	c/o CFPA 2280 Aaron Street	
CITY-ST-ZIP	PORT CHARLOTTE, FL 33952		CITY-ST-ZIP	Port Charlotte FL 33952	
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MURPHY, JOHN		NAME		
STREET ADDRESS	C/O CFPA 2280 AARON STREET		STREET ADDRESS		
CITY-ST-ZIP	PORT CHARLOTTE, FL 33952		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BUETTNER, LINDA		NAME		
STREET ADDRESS	C/O CFPA 2280 AARON STREET		STREET ADDRESS		
CITY-ST-ZIP	PORT CHARLOTTE, FL 33952		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME			NAME	Donna Daisy	
STREET ADDRESS			STREET ADDRESS	c/o CFPA 2280 Aaron Street	
CITY-ST-ZIP			CITY-ST-ZIP	Port Charlotte FL 33952	
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME			NAME	Minda Donovan	
STREET ADDRESS			STREET ADDRESS	c/o CFPA 2280 Aaron Street	
CITY-ST-ZIP			CITY-ST-ZIP	Port Charlotte FL 33952	
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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.					
<b>SIGNATURE:</b> <i>Veronica Madsen</i>			01-31-06 239-458-1070		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		