

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000000992

FILED
Apr 20, 2009
Secretary of State

Entity Name: GULF COAST PET PARTNERS, INC.

Current Principal Place of Business:

C/O BRETT BECKMAN DVM
11002
PUNTA GORDA, FL 33955

Current Mailing Address:

C/O BRETT BECKMAN DVM
11002
PUNTA GORDA, FL 33955

New Principal Place of Business:

C/O BRETT BECKMAN DVM
11002 NATHAN COURT
PUNTA GORDA, FL 33955

New Mailing Address:

C/O BRETT BECKMAN DVM
11002 NATHAN COURT
PUNTA GORDA, FL 33955

FEI Number: 74-3078850

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DUYSTER, ANN PD
C/O BRETT BECKMAN DVM
11002 NATHAN COURT
PUNTA GORDA, FL 33955 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: DT () Delete
Name: QUILL, CHERI
Address: C/O B. BECKMAN DVM, 11002 NATHAN CT
City-St-Zip: PUNTA GORDA, FL 33955

Title: PD () Delete
Name: DUYSTER, ANN
Address: C/O B. BECKMAN DVM, 11002 NATHAN CT.
City-St-Zip: PUNTA GORDA, FL 33955

Title: S () Delete
Name: MULFORD, MARYANNE
Address: C/O B. BECKMAN DVM, 11002 NATHAN CT.
City-St-Zip: PUNTA GORDA, FL 33955

Title: DS () Delete
Name: PETER, JUDY
Address: C/O B. BECKMAN DVM 11002 NATHAN CT
City-St-Zip: PUNTA GORDA, FL 33955

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: T (X) Change () Addition
Name: ANGELI, MAJA
Address: C/O B. BECKMAN DVM, 11002 NATHAN CT
City-St-Zip: PUNTA GORDA, FL 33955

Title: VP (X) Change () Addition
Name: DUYSTER, ANN
Address: C/O B. BECKMAN DVM, 11002 NATHAN CT.
City-St-Zip: PUNTA GORDA, FL 33955

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

Title: P (X) Change () Addition
Name: PETER, JUDY
Address: C/O B. BECKMAN DVM 11002 NATHAN CT
City-St-Zip: PUNTA GORDA, FL 33955

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: MAJA ANGELI

T

04/20/2009

Electronic Signature of Signing Officer or Director

Date