

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000001797

FILED
Jan 15, 2008
Secretary of State

Entity Name: WILLISTON ANIMAL GROUP, INC.

Current Principal Place of Business:

15000 W HWY 318
WILLISTON, FL 32696

New Principal Place of Business:

16310 NW 162 TERRACE
WILLISTON, FL 32696

Current Mailing Address:

WAG
PO BOX 752
WILLISTON, FL 32696

New Mailing Address:

FEI Number: 20-0802870 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DELFINO, JOE
16310 NW 162 TERRACE
WILLISTON, FL 32696 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: PD () Delete
Name: DELFINO, JOE
Address: 10310 NW 162 TERR
City-St-Zip: WILLISTON, FL 32696

Title: SD () Delete
Name: HIBBS, PAT
Address: 12888 NW 160 AVE
City-St-Zip: MORRISTON, FL 32668

Title: D () Delete
Name: DAVIS, JOANN M
Address: 14980 W HWY 318
City-St-Zip: WILLISTON, FL 32696

Title: TD (X) Delete
Name: SPINK, RONDA
Address: 7591 NE 173 TERRACE
City-St-Zip: WILLISTON, FL 32696

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: JOSEPH A. DELFINO

PD

01/15/2008

Electronic Signature of Signing Officer or Director

Date