2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000004365

Entity Name: PET FLORIDA - PENNEY FARMS, INC.

FILED Jan 07, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 4566 LEWIS AVE PENNEY FARMS, FL 32079 **Current Mailing Address: New Mailing Address:** P.O. BOX 919 PENNEY FARMS, FL 32079 FEI Number: 56-2462370 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: HILLS, LAWRENCE 4400 POLING APT 106-A PENNEY FARMS, FL 32079 US 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete VINKEMULDER, YVONNE Name: Name: 3460 CAROLINE ST APT 206-4 Address: Address: City-St-Zip: PENNEY FARMS, FL 32079 City-St-Zip: Title: Title: () Delete () Change () Addition Name: ARCHIBALD, JAMES P Name: Address: 4260 WILBANKS Address: PENNEY FARMS, FL 32079 City-St-Zip: City-St-Zip: Title: () Delete Title: () Change () Addition CHASE, BARBARA H Name: Name: Address: 4355-A STUDIO ROAD Address: City-St-Zip: PENNEY FARMS, FL 32079 City-St-Zip: Title: () Delete Title: () Change () Addition DEVILLE, THOMAS Name: Name: Address: 3238 STATE ROAD 16 Address: City-St-Zip: PENNEY FARMS, FL 32079 City-St-Zip: Title: () Delete Title: (X) Change () Addition KAELIN, JIM KAELIN, JIM Name: Name: 136 SOUTHERLY LN 136 SOUTHERLY LN Address: Address: City-St-Zip: ORANGE PARK, FL 32003 City-St-Zip: ORANGE PARK, FL 32003 () Change (X) Addition Title: () Delete Title: KURTZ. IVAN Name: Name: Address: Address: 3506 CAROLINE BLVD PENNEY FARMS, FL 32079 City-St-Zip: 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: BARBARA H. CHASE T 01/07/2009