

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 03, 2006 8:00 am
Secretary of State

02-03-2006 90006 016 ****61.25

DOCUMENT # N05000000339 1. Entity Name PET FLORIDA TAMPA, INC.					
Principal Place of Business 5101 BAYSHORE BLVD. TAMPA, FL 33611			Mailing Address P.O. BOX 1344 2105 TAMPA, FL 33601-1344		
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 20-2149322				Applied For <input checked="" type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
HINES, JAMES P. HINES NORMAN HINES P.L. 315 SOUTH HYDE PARK AVENUE TAMPA, FL 33606			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </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 _____ (NOTE: Registered Agent signature required when re-registering) _____ DATE _____					
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 Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D <input type="checkbox"/> Delete		TITLE	President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SUKUP, JEFF		NAME		
STREET ADDRESS	P.O. BOX 1344 2105		STREET ADDRESS		
CITY-ST-ZIP	TAMPA, FL 33601-1344		CITY-ST-ZIP		
TITLE	D <input type="checkbox"/> Delete		TITLE	Vice President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	AVERY, DON		NAME		
STREET ADDRESS	P.O. BOX 1344 2105		STREET ADDRESS		
CITY-ST-ZIP	TAMPA, FL 33601-1344		CITY-ST-ZIP		
TITLE	D <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	RYAN, JACK		NAME		
STREET ADDRESS	P.O. BOX 1344 2105		STREET ADDRESS		
CITY-ST-ZIP	TAMPA, FL 33601-1344		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	Treasurer		NAME		
STREET ADDRESS	Velma Robertson		STREET ADDRESS		
CITY-ST-ZIP	P. O. Box 2105		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	Tampa, FL 33601		NAME		
STREET ADDRESS	Secretary		STREET ADDRESS		
CITY-ST-ZIP	Mark Kimball		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	P. O. Box 2105		NAME		
STREET ADDRESS	Tampa, FL 33601		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 118, 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.					
SIGNATURE: Jeff Sukup President			XXX 2/1/06 813-251-1515		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

ATTACHMENT



66003555

FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 6, 2006

PET FLORIDA TAMPA, INC.
P.O. BOX 1344
TAMPA, FL 33601-1344

Subject: PET FLORIDA TAMPA, INC.

Reference Number: N05000000339

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$61.25; however, the report **has not been filed** and a copy is being returned for the following correction(s):

Please complete Block 4 by entering your Federal Employer Identification (FEI) number or by checking the appropriate box. If "APPLIED FOR" is preprinted in Block 4, you MUST now provide the FEI number. A Social Security number is not considered to be the same as the FEI number. For FEI number assistance, call the IRS at (800) 829-1040.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

/MH
ANNUAL REPORTS SECTION