

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000000339

FILED
Mar 22, 2009
Secretary of State

Entity Name: PET FLORIDA TAMPA, INC.

Current Principal Place of Business:

1109 E. OSBORNE AVENUE
TAMPA, FL 33603

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 2105
TAMPA, FL 33601

New Mailing Address:

P.O. BOX 2688
RIVERVIEW, FL 33568 US

FEI Number: 20-2149322

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HINES, JAMES P
HINES NORMAN HINES P.L.
315 SOUTH HYDE PARK AVENUE
TAMPA, FL 33606 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: P () Delete
Name: SUKUP, JEFF
Address: P.O. BOX 2105
City-St-Zip: TAMPA, FL 33601

Title: V () Delete
Name: AVERY, DON
Address: P.O. BOX 2105
City-St-Zip: TAMPA, FL 33601

Title: T () Delete
Name: SUKUP, APRIL
Address: P.O. BOX 2105
City-St-Zip: TAMPA, FL 33601

Title: S () Delete
Name: KIMBALL, MARK
Address: P.O. BOX 2105
City-St-Zip: TAMPA, FL 33601

Title: D () Delete
Name: FRAZER, GEORGE
Address: 27517 EDENFIELD DRIVE
City-St-Zip: WESLEY CHAPEL, FL 33543

Title: D () Delete
Name: HALTERMAN, DAVID
Address: 6025 2ND STREET
City-St-Zip: TAMPA, FL 33611

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: SUKUP, JEFF
Address: P.O. BOX 2688
City-St-Zip: RIVERVIEW, FL 33568

Title: V (X) Change () Addition
Name: AVERY, DON
Address: P.O. BOX 2688
City-St-Zip: RIVERVIEW, FL 33568

Title: T (X) Change () Addition
Name: SUKUP, APRIL
Address: P.O. BOX 2688
City-St-Zip: RIVERVIEW, FL 33568

Title: S (X) Change () Addition
Name: KIMBALL, MARK
Address: P.O. BOX 2688
City-St-Zip: RIVERVIEW, FL 33568

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: JEFF SUKUP

P

03/22/2009

Electronic Signature of Signing Officer or Director

Date