

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED  
Mar 13, 2008  
Secretary of State

DOCUMENT# N06000000838

Entity Name: ROTARY FLORIDA PETS, INC.

**Current Principal Place of Business:**

613 SABAL AVENUE  
CLEWISTON, FL 33440

**New Principal Place of Business:**

9075 SEMINOLE BLVD.  
SEMINOLE, FL 33772

**Current Mailing Address:**

613 SABAL AVENUE  
CLEWISTON, FL 33440

**New Mailing Address:**

9075 SEMINOLE BLVD.  
SEMINOLE, FL 33440

FEI Number: 20-4342322

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SCHULER, TIMOTHY C  
9075 SEMINOLE BOULEVARD  
SEMINOLE, FL 33772 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: SHELLEY, ROBIN  
Address: 1080 LUGO AVE.  
City-St-Zip: CORAL GABLES, FL 33156

Title: T ( ) Delete  
Name: ROGERS, CHARLES  
Address: 415 ARBOR COURT  
City-St-Zip: CELEBRATION, FL 34747

Title: S ( ) Delete  
Name: WILSON, GARY  
Address: 613 SABAL AVENUE  
City-St-Zip: CLEWISTON, FL 33440

Title: D ( ) Delete  
Name: SISSERSON, JAMES  
Address: 1755 PINEAPPLE AVENUE  
City-St-Zip: MELBOURNE, FL 32935

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: ATZINGEN, HAL  
Address: 2675 HORSESHOW DR SOUTH, UNIT #404  
City-St-Zip: NAPLES, FL 34104

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

Title: S (X) Change ( ) Addition  
Name: HARRILL, DAVID L  
Address: 3540 BEAUCLEERC CIRCLE N.  
City-St-Zip: JACKSONVILLE, FL 32257

Title: VP (X) Change ( ) Addition  
Name: MARTIN, JACK  
Address: 1801 S. TREASURE DRIVE, UNIT 510  
City-St-Zip: NORTH BAY VILLAGE, FL 33141

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: TIMOTHY C. SCHULER

RA

03/13/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date