

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 16, 2007 8:00 am
Secretary of State

05-16-2007 90022 034 ****70.00

| | | | | | |
|--|---------------------------------|---|--|--|--|
| DOCUMENT # N06000001637 1. Entity Name PET FLORIDA-JAX, INC. | | | | | |
| Principal Place of Business 2253 OXBOW ROAD JACKSONVILLE FL 32210 | | | Mailing Address 4341 SAVANNAH AVENUE JACKSONVILLE FL 32210 | | |
| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | | |
| Zip | Country | Zip | Country | 4. FEI Number 56-2558728 | |
| | | | | Applied For <input type="checkbox"/> Not Applicable | |
| | | | | 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent | | | 7. Name and Address of New Registered Agent | | |
| WOODARD, THOMAS G 4341 SAVANNAH AVENUE JACKSONVILLE FL 32210 | | | 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small> | | | | | |
| FILE NOW: FEE IS \$61.25 Due By May 1, 2007 | | 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 | <input type="checkbox"/> Delete | TITLE | Change <input checked="" type="checkbox"/> Addition | | |
| NAME | | NAME | D/T TREASURER, BOARD OF DIRECTORS | | |
| STREET ADDRESS | | STREET ADDRESS | CHARLES DOWNING | | |
| CITY-ST-ZIP | | CITY-ST-ZIP | 2253 OXBOW ROAD JACKSONVILLE FL, 32210-2443 | | |
| TITLE | <input type="checkbox"/> Delete | TITLE | Change <input type="checkbox"/> Addition | | |
| NAME | | NAME | D/P MEMBER, BOARD OF DIRECTORS | | |
| STREET ADDRESS | | STREET ADDRESS | DANIEL COWEN | | |
| CITY-ST-ZIP | | CITY-ST-ZIP | 4323 SAVANNAH AVE JACKSONVILLE, FL 32210-7307 | | |
| TITLE | <input type="checkbox"/> Delete | TITLE | Change <input type="checkbox"/> Addition | | |
| NAME | | NAME | D/V MEMBER, BOARD OF DIRECTORS | | |
| STREET ADDRESS | | STREET ADDRESS | PAUL DANIEL | | |
| CITY-ST-ZIP | | CITY-ST-ZIP | 1132 TALBOT AVE JACKSONVILLE, FL 32205-5313 | | |
| TITLE | <input type="checkbox"/> Delete | TITLE | Change <input type="checkbox"/> Addition | | |
| NAME | | NAME | D/M EXECUTIVE DIRECTOR | | |
| STREET ADDRESS | | STREET ADDRESS | THOMAS WOODARD | | |
| CITY-ST-ZIP | | CITY-ST-ZIP | 4341 SAVANNAH AVE JACKSONVILLE, FL 32210 | | |
| TITLE | <input type="checkbox"/> Delete | TITLE | Change <input type="checkbox"/> Addition | | |
| NAME | | NAME | S SECRETARY | | |
| STREET ADDRESS | | STREET ADDRESS | MARGARET WOODARD | | |
| CITY-ST-ZIP | | CITY-ST-ZIP | 4341 SAVANNAH AVE JACKSONVILLE, FL 32210 | | |
| TITLE | <input type="checkbox"/> Delete | TITLE | Change <input type="checkbox"/> Addition | | |
| NAME | | NAME | | | |
| STREET ADDRESS | | 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 Section 119, 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: <i>Thomas H Woodard</i> | | 4-27-2007 904.910-9800 <small>Date Daytime Phone #</small> | | | |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | | | |