


2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT

**FILED**  
**Apr 30, 2008 08:00 AM**  
**Secretary of State**

|  |   |
|--|---|
| <b>DOCUMENT # N06000001637</b><br>1. Entity Name<br><b>PET FLORIDA-JAX, INC.</b> |  |
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|  |   |
|--|---|
| Principal Place of Business<br><b>2253 OXBOW ROAD<br/>JACKSONVILLE, FL 32210</b> | Mailing Address<br><b>4341 SAVANNAH AVENUE<br/>JACKSONVILLE, FL 32210</b> |
|--|---|

**DO NOT WRITE IN THIS SPACE**



03312008 No Chg-NP CR2E037 (4/06)

|  |                                       |
|--|---------------------------------------|
| 4. FEI Number<br><b>56-2558728</b>                                   | Applied For<br>Not Applicable         |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> | <b>\$8.75</b> Additional Fee Required |

|   |
|---|
| 6. Name and Address of Current Registered Agent<br><br><b>WOODARD, THOMAS G<br/>4341 SAVANNAH AVENUE<br/>JACKSONVILLE, FL 32210</b> |
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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 reinstating) DATE \_\_\_\_\_

|   |  |
|---|--|
| Filing Fee is \$61.25<br>Due by May 1, 2008 | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees |
|---|--|

| 10. OFFICERS AND DIRECTORS                     |  |
|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | TD<br>DOWNING, CHARLES<br>2253 OX BOW ROAD<br>JACKSONVILLE, FL 322102443 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PD<br>COWEN, DANIEL<br>4323 SAVANNAH AVE<br>JACKSONVILLE, FL 322107307   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VD<br>DANIEL, PAUL<br>1132 TALBOT AVE<br>JACKSONVILLE, FL 322055313      |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>WOODARD, THOMAS<br>4341 SAVANNAH AVE<br>JACKSONVILLE, FL 32210      |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | S<br>WOODARD, MARGARET<br>4341 SAVANNAH AVE<br>JACKSONVILLE, FL 32210    |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |

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05/27/08-80058-023 70.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:** *Thomas G Woodard* **THOMAS G WOODARD** 4-25-2008 904.771-0156

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #