2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

changed, or on an attachment with an address, with all other like empowered.

Secretary of State DOCUMENT # N07000007740 01-08-2008 90004 025 ****61.25 HAVE A HEART FOR COMPANION ANIMALS INC. Principal Place of Business Mailing Address 17 PECAN DR. 17 PECAN DR. 4000-OCALA, FL 34472 OCALA, FL 34472 2. Principal Place of Business - No P.O. Box # 3. Maiting Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01052008 Chg-NP CR2E037 (12/06) City & State City & State 4. FEI Number Applied For Not Applicable Country Country \$8.75 Additional Zip Žio 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MARINELLI, JOHN Street Address (P.O. Box Number is Not Acceptable) 17 PECAN DR. OCALA, FL 34472 City Zip Code 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. 1/7/08 (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be Make check payable to Filing Fee is \$61.25 Trust Fund Contribution. Florida Department of State Due by May 1, 2008 Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. PRESIDENT TITLE Change ■ Addition TITLE ☐ Delete NAME NAME MARILYN MARINElli STREET ADDRESS STREET ADDRESS 7 PECAN DR CITY-ST-ZIP CITY-ST-ZIP CCALA FL 34472 ☐ Delete TITLE ☐ Change Addition TITLE VICE PRESIDENT NAME NAME John MARINElli STREET ADDRESS STREET ADDRESS 17 PECAN OR OCAIA, FL 34477 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete HULF NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Addition TITLE 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 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

FILED

Jan 08, 2008 8:00 am