

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000009184

FILED
Mar 10, 2008
Secretary of State

Entity Name: FRIENDS OF ANIMAL SERVICES, INC.

Current Principal Place of Business:

9020 RANCHO DEL RIO DRIVE
SUITE 101
NEW PORT RICHEY, FL 34665 US

New Principal Place of Business:

Current Mailing Address:

9020 RANCHO DEL RIO DRIVE
SUITE 101
NEW PORT RICHEY, FL 34665 US

New Mailing Address:

P.O. BOX 215
ELFERS, FL 34680 US

FEI Number: 26-1076656

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MARLOWE, RUSSELL G
9020 RANCHO DEL RIO DRIVE
SUITE 101
NEW PORT RICHEY, FL 34655 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: MCREYNOLDS, SHARON
Address: 5404 MAIN STREET
City-St-Zip: NEW, FL 34652 US

Title: VP () Delete
Name: CAMPOS, CARLOS
Address: 12030 MOON LAKE ROAD
City-St-Zip: NEW PORT RICHEY, FL 34654 US

Title: S () Delete
Name: HOLLINGSHEAD, MEGAN
Address: 5109 SOUTHSORE DRIVE
City-St-Zip: NEW PORT RICHEY, FL 34652 US

Title: D () Delete
Name: MIKKELSON, VONNIE
Address: 24425 PAINTERS DRIVE
City-St-Zip: LAND O LAKES, FL 34639 US

Title: D () Delete
Name: SCHOOLEY, MAUREEN
Address: 4127 ANDOVER STREET
City-St-Zip: NEW PORT RICHEY, FL 34653 US

Title: D () Delete
Name: COX, ABBEY
Address: 10831 PANICUM COURT
City-St-Zip: NEW PORT RICHEY, FL 34655 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VP (X) Change () Addition
Name: MIKKELSEN, VONNIE
Address: 24425 PAINTERS DRIVE
City-St-Zip: LAND O LAKES, FL 34639 US

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

Title: D (X) Change () Addition
Name: CAMPOS, CARLOS
Address: 12030 MOONLAKE ROAD
City-St-Zip: NEW PORT RICHEY, FL 34654 US

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: MEGAN HOLLINGSHEAD

S

03/10/2008

Electronic Signature of Signing Officer or Director

Date