

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N09000011383

**FILED**  
**Jan 17, 2011**  
**Secretary of State**

**Entity Name:** ZEPHYRHILLS ANIMAL SERVICES, INC.

**Current Principal Place of Business:**

38133 12TH AVE  
ZEPHYRHILLS, FL 33542

**New Principal Place of Business:**

**Current Mailing Address:**

5655 GALL BLVD  
ZEPHYRHILLS, FL 33542

**New Mailing Address:**

**FEI Number:** 27-1379488

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

MCGAVERN, MELANIE L  
8808 TEACHER LANE  
ZEPHYRHILLS, FL 33541 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  
Name: MCGAVERN, MELANIE L DVM  
Address: 5655 GALL BLVD.  
City-St-Zip: ZEPHYRHILLS, FL 33542

Title: VP  
Name: MCGAVERN, CECIL G JR.  
Address: 39132 7TH AVE  
City-St-Zip: ZEPHYRHILLS, FL 33542

Title: S/T  
Name: MCGAVERN, EDITH A  
Address: 39132 7TH AVE  
City-St-Zip: ZEPHYRHILLS, FL 33542

I hereby 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 all other like empowered.

**SIGNATURE:** MELANIE L MCGAVERN

P

01/17/2011

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

\_\_\_\_\_  
Date