


2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P00000024072 1. Entity Name HUMANE SOCIETY OF HILLSBOROUGH COUNTY, INC.					
Principal Place of Business 3607 N. ARMENIA AVENUE TAMPA, FL 33607			Mailing Address 3607 N. ARMENIA AVENUE TAMPA, FL 33607		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		<div style="font-size: 2em; font-weight: bold; margin-bottom: 10px;">FILED</div> <div style="font-size: 1.2em; margin-bottom: 10px;">08 JUL 21 AM 10:51</div> <div style="font-size: 0.8em; margin-bottom: 10px;">SECRETARY OF STATE TALLAHASSEE, FLORIDA</div>  <div style="font-size: 0.8em; margin-top: 10px;">07162008 Chg-P CR2E034 (12/06)</div>	
City & State		City & State			
Zip	Country	Zip	Country		
4. FEI Number 59-3727591		Applied For Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				<div style="font-size: 0.8em; margin-top: 10px;">7/ /08</div>	
6. Name and Address of Current Registered Agent ANDREW SERVICE CORPORATION OF FLORIDA 201N FRANKLIN, SUITE 2100 TAMPA, FL 33602					
7. Name and Address of New Registered Agent Name HOLLY O'BRIEN Street Address (P.O. Box Number is Not Acceptable) 2413 BAYSHORE BLVD #1701 TAMPA FL Zip Code 33629					
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. HOLLY O'BRIEN DIRECTOR, BOARD OF DIRECTORS					
SIGNATURE: _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>				DATE	
Amended AR is \$61.25		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D O'BRIEN, HOLLY 3607 N ARMENIA AVE TAMPA, FL 33607	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<div style="font-size: 0.8em;"> 3001-33392899 07/24/08--01027--008 \$61.25 </div> <input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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 607, 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>Holly O'Brien as President of HHS</i> HOLLY O'BRIEN 7/ /08 (813) 250-0660 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

7/22/08