2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 19, 2007 08:00 AM Secretary of State

DOCUMENT # P00000024075	
1. Entity Name	
HILL SROROLIGH COUNTY HUMANE SOCIETY INC.	



Principal Place of Business

3607 N. ARMENIA AVENUE TAMPA, FL 33607

Mailing Address 3607 N. ARMENIA AVENUE TAMPA, FL 33607

|--|

DO NOT WRITE IN THIS SPACE

		A0.75		
59-3727596		ſ~	Not Applicabl	
4. FEI Number			Applied For	
03132007	No Chg-P	CR2E034 (11/05)		

5. Certificate of Status Desired

Fee Required

ANDREW SERVICE CORPORATION OF FLORIDA 201 N. FRANKLIN ST STE 2100

6. Name and Address of Current Registered Agent

TAMPA, FL 33602

DO NOT WRITE IN THIS SPACE

			IN TINO OF AGE			
	named entity submits this statement for the pions of registered agent.	surpose of changing its registered	d office or re	egistered agent, or bo	oth, in the State of Florida. I am familiar wi	th, and accept
SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE Registered			d Agent signature required when reinstating) DATE			
	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	9. Election Campaign Financ Trust Fund Contribution.	ing	\$5.00 May Be Added to Fees	U00000671436 03/28/07-80029-010 1	50.00
10.	OFFICERS AND DIREC	TORS				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D O'BRIEN, HOLLY 3607 N. ARMENIA AVE. TAMPA, FL 33607					
TITLE NAME STREET ADDRESS CITY-ST-ZIP				8		
NAME STREET ADDRESS CITY-ST-ZIP					NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			,	IN .	THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				. ;		
TITLE NAME STREET ADDRESS						

12. I hereby certify that the information supplied with this filling 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.

CITY-ST-ZIP

R PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/14/0

Daytime Phone #