

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 22, 2007 08:00 AM
Secretary of State

DOCUMENT # P01000058258

1. Entity Name
HOMETOWN PET CARE CENTER, INC., P.A.



Principal Place of Business
**827 SEBASTIAN BLVD.
 SEBASTIAN FL 32958**

Mailing Address
**.827 SEBASTIAN BLVD.
 SEBASTIAN FL 32958**



2. Principal Place of Business - No P.O. Box #

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

1st MOORE CR2E034 (10/06)

4. FEI Number **59-3725318**

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**VANDEVOORDE, RENE' G
 1327 N. CENTRAL AVE.
 SEBASTIAN FL 32958**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when remaining)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
 NAME
 STREET ADDRESS
 CITY-STATE-ZIP

**PSTD
 WILSNACK, ERIC A
 827 SEBASTIAN BLVD.
 SEBASTIAN FL 32958**

Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-STATE-ZIP

Delete

TITLE
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 CITY-STATE-ZIP

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 CITY-STATE-ZIP

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TITLE
 NAME
 STREET ADDRESS
 CITY-STATE-ZIP

Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
 NAME
 STREET ADDRESS
 CITY-STATE-ZIP

Change Addition

**U000000597110
 01/24/07-80023-005 150.00**

TITLE
 NAME
 STREET ADDRESS
 CITY-STATE-ZIP

Change Addition

TITLE
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 CITY-STATE-ZIP

Change Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Eric A. Wilsnack* **Eric A. Wilsnack, Sr**

Date

Daytime Phone #

01-19-07 772-589-4010