


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 21, 2007 8:00 am
Secretary of State

05-21-2007 90059 020 ***150.00

DOCUMENT # P01000059787	
1. Entity Name BRANFORD PETS, INC.	

Principal Place of Business 509 SW DRANE ST BRANFORD, FL 32008	Mailing Address 509 SW DRANE ST BRANFORD, FL 32008
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

05072007 Chg-P CR2E034 (12/06)	
4. FEI Number 59-3732798	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent	
CAMERON, TERESA 399 NW 93 LANE BRANFORD, FL 32008	

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$550.00 Due by September 14, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CAMERON, TERESA 399 NW 93 LANE BRANFORD, FL 32008 <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	<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	<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	<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	<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	<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: *Teressa Cameron* **5/15/07 386-935-1130**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

**ATTACHMENT 40117267**
Division of Corporations**Annual Report****Annual Report Help**

Document Number

P01000059787

Business Entity Name

BRANFORD PETS, INC.

FEI Number

593732798

FEI Number Status

☒ Listed Above ☐ Applied For ☐ Not Applicable

Certificate of Status Desired

☐ Yes ☒ No \$8.75 eachElection Campaign Financing Trust Fund Contribution ☐ Yes ☒ No**Principal Place of Business**

Address

509 SW DRANE ST

Suite, Apt. #, etc.

City, State

BRANFORD**FL**

Zip Code & Country

32008**Mailing Address**

Address

509 SW DRANE ST

Suite, Apt. #, etc.

City, State

BRANFORD**FL**

Zip Code & Country

32008**Name and Address of Registered Agent**

Name (Last, First, Middle, Title)

CAMERON**TERESA****- OR -**

Business to serve as RA

Address (PO Box is not acceptable)

399 NW 93 LANE

Suite, Apt. #, etc.

City, State

BRANFORD**FL**

Zip Code & Country

32008**US**


If there is a change in registered agent, the new agent will need to type their name in the 'Registered Agent Signature' block below to accept the designation of registered agent. RA signature must be an individual name. If the RA is a business

ATTACHMENT

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entity, an individual must sign on their behalf. A business entity cannot serve as its own RA.

Registered Agent Signature

This signature must be that of the individual "signing" this document electronically or be made with the full knowledge and permission of the individual, otherwise it constitutes forgery under s.831.06, Florida Statutes.

Officer/Director Name and Address

Our database can hold up to 6 officers/directors. If more than 6 officers/directors need to be made a part of the record, you cannot file the annual report online. You will need to download an annual report and list the additional officers/directors, title(s), name, and address on an attachment.

Title	<input type="text" value="T"/>
Name (Last, First, Middle, Title)	<input type="text" value="CAMERON"/> <input type="text" value="TERESA"/> <input type="text"/> <input type="text"/>
- OR -	
Entity Name to serve as Officer/Director	<input type="text"/>
Street Address	<input type="text" value="399 NW 93 LANE"/>
City, State	<input type="text" value="BRANFORD"/> <input type="text" value="FL"/>
Zip Code & Country	<input type="text" value="32008"/> <input type="text"/>
Title	<input type="text"/>
Name (Last, First, Middle, Title)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
- OR -	
Entity Name to serve as Officer/Director	<input type="text"/>
Street Address	<input type="text"/>
City, State	<input type="text"/> <input type="text"/>
Zip Code & Country	<input type="text"/> <input type="text"/>
Title	<input type="text"/>
Name (Last, First, Middle, Title)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
- OR -	
Entity Name to serve as Officer/Director	<input type="text"/>
Street Address	<input type="text"/>
City, State	<input type="text"/> <input type="text"/>
Zip Code & Country	<input type="text"/> <input type="text"/>
Title	<input type="text"/>

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Name (Last, First, Middle, Title)

- OR -

Entity Name to serve as
Officer/Director

Street Address

City, State

Zip Code & Country

Title

Name (Last, First, Middle, Title)

- OR -

Entity Name to serve as
Officer/Director

Street Address

City, State

Zip Code & Country

Title

Name (Last, First, Middle, Title)

- OR -

Entity Name to serve as
Officer/Director

Street Address

City, State

Zip Code & Country

An individual named above or an individual signing on behalf of an entity named above must type their name in the 'Officer/Director Signature' block below. A corporate name is not allowed in this block.

Title

Officer/Director Signature

This signature must be that of the individual "signing" this document electronically or be made with the full knowledge and permission of the individual, otherwise it constitutes forgery under s.831.06, Florida Statutes. The individual "signing" this document affirms that the facts stated herein are true.

Continue

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