

# **2008 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P01000110155

Entity Name: SUN PET CARE, INC.

**FILED**  
**Jan 16, 2008**  
**Secretary of State**

**Current Principal Place of Business:**

1707 N MILLS AVE  
ORLANDO, FL 32803

**New Principal Place of Business:**

**Current Mailing Address:**

1707 N MILLS AVE  
ORLANDO, FL 32803

**New Mailing Address:**

FEI Number: 59-3755681

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

ROBERTS, STEPHEN E  
1414 GAY RD, SUITE 202  
WINTER PARK, FL 32789 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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: VTD ( ) Delete  
Name: FRIED, MICHAEL D  
Address: 229 S SUMMERLIN AVE  
City-St-Zip: ORLANDO, FL 32801

Title: PSD ( ) Delete  
Name: MERRIFIELD, RICHARD W III  
Address: 229 S SUMMERLIN AVE  
City-St-Zip: ORLANDO, FL 32801

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL D. FRIED

VTD

01/16/2008

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

\_\_\_\_\_  
Date