

PROFIT CORPORATION ANNUAL REPORT (AR)

ENT # P01000110285

HAPPY TAILS OF TAMPA, INC.



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



Principal Place of Business
4347 W. KENNEDY BLVD.
TAMPA FL 33609

Mailing Address
4347 W. KENNEDY BLVD.
TAMPA FL 33609

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

1st MOORE

CR2E034 (10/06)

4. FEI Number 59-3756708

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ESPINA, MICHAEL
4347 W. KENNEDY BLVD.
TAMPA FL 33609

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, 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 ☐ Delete
D ESPINA, MICHAEL

STREET ADDRESS CITY- ST- ZIP
4347 W. KENNEDY BLVD.
TAMPA FL 33609

TITLE NAME ☐ Delete

STREET ADDRESS CITY- ST- ZIP

TITLE NAME ☐ Delete

STREET ADDRESS CITY- ST- ZIP

TITLE NAME ☐ Delete

STREET ADDRESS CITY- ST- ZIP

TITLE NAME ☐ Delete

STREET ADDRESS CITY- ST- ZIP

TITLE NAME ☐ Delete

STREET ADDRESS CITY- ST- ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME ☐ Change ☐ Addition

U000000597439
01/24/07-80036-016 150.00

TITLE NAME ☐ Change ☐ Addition

STREET ADDRESS CITY- ST- ZIP

TITLE NAME ☐ Change ☐ Addition

STREET ADDRESS CITY- ST- ZIP

TITLE NAME ☐ Change ☐ Addition

STREET ADDRESS CITY- ST- ZIP

TITLE NAME ☐ Change ☐ Addition

STREET ADDRESS CITY- ST- ZIP

TITLE NAME ☐ Change ☐ Addition

STREET ADDRESS CITY- ST- ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/18/07 813 286-3436