



# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 14, 2007 8:00 am**  
**Secretary of State**

02-14-2007 90053 039 \*\*\*150.00

<b>DOCUMENT # P01000121586</b> 1. Entity Name HYDE GROVE ANIMAL CARE CENTER, INC.					
Principal Place of Business 6420 SAN JUAN AVENUE JACKSONVILLE, FL 32210			Mailing Address 6420 SAN JUAN AVENUE JACKSONVILLE, FL 32210		
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>80-0002788</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent  MARSHALL, JOAN T 6420 SAN JUAN AVENUE JACKSONVILLE, FL 32210				7. Name and Address of New Registered Agent  Name  Street Address (P.O. Box Number is Not Acceptable)  City <span style="float: right;">FL</span> 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 				DATE <b>2/12/07</b>	
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)				\$8.75 Additional Fee Required	
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT MARSHALL, JOAN T 6420 SAN JUAN AVENUE JACKSONVILLE, FL 32210		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS MARSHALL, EARL W III 6420 SAN JUAN AVENUE JACKSONVILLE, FL 32210		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: 				Date <b>2/12/07</b> Daytime Phone # <b>904-781-8038</b>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

40016880



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