


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 21, 2008 8:00 am
Secretary of State

02-21-2008 90030 001 ***150.00

DOCUMENT # P01000121586 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 80-0002788	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> 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 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 <i>Joan Marshall DVM</i> <small>Signature, typed or printed name of registered agent and title if applicable.</small>				DATE 3-14-08 <small>(NOTE: Registered Agent signature required when reinstating)</small>	
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
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: <i>Joan Marshall DVM</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date 3-14-08 Daytime Phone # 9047818038		