

2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P02000061354

1. Entity Name

A-1 WET PETS OF DELAND, INC.



Principal Place of Business
1578 N. WOODLAND BLVD.
DELAND, FL 32720

Mailing Address
1578 N. WOODLAND BLVD.
DELAND, FL 32720

FILED

05 AUG 23 AM 9:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

07232005

Chg-P

CR2E034 (10/03)

4. FEI Number

75-3065314

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WRIGHT, PETER W
2588 MORGAN ROAD
DELAND, FL 32720

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Amended AR is \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE VP
NAME WRIGHT, MICHAEL
STREET ADDRESS 2588 MORGAN RD.
CITY-ST-ZIP DELAND, FL 32720 ☒ Delete

TITLE ST
NAME WRIGHT, TRACY
STREET ADDRESS 2588 MORGAN RD.
CITY-ST-ZIP DELAND, FL 32720 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE VP
NAME WRIGHT, TRACY
STREET ADDRESS 2588 MORGAN RD
CITY-ST-ZIP DELAND, FL 32720 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition
000059019130
08/26/05--01042--025 **\$61.25

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition
AUG 24 2005

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 lines empowered.

SIGNATURE:

Tracy D. Wright
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

23 July 2005
Date

386-738-2101
Daytime Phone #