

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 17, 2006 8:00 am
Secretary of State

01-17-2006 90266 048 ***150.00

DOCUMENT # P03000056610					
1. Entity Name ANIMAL CENTERS OF SOUTH FLORIDA, INC.					
Principal Place of Business 5573 GOLDEN GATE PKWY NAPLES, FL 34116			Mailing Address 21301 S. TAMiami TRAIL ° STE #320 ESTERO, FL 33928		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 20-0185676	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent BROWN, TONY F 21301 SOUTH TAMiami TRAIL STE #320 ESTERO, FL 33928				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				FL Zip Code	
SIGNATURE: Tonya Brown 1/11/06 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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 D	NAME GOLD, DENNIS S		<input checked="" type="checkbox"/> Delete		
STREET ADDRESS 2335 TAMiami TRAIL NORTH #301	CITY-ST-ZIP NAPLES, FL 34103		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE VSD	NAME BROWN, TONYA F		<input type="checkbox"/> Delete		
STREET ADDRESS 21301 SOUTH TAMiami TRAIL STE #320	CITY-ST-ZIP ESTERO, FL 33928		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE -	NAME 		<input type="checkbox"/> Delete		
STREET ADDRESS 	CITY-ST-ZIP 		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE P	NAME Johnson, Gerald J.		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
STREET ADDRESS 5573 Golden Gate Parkway	CITY-ST-ZIP Naples, FL 34116		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE 	NAME 		<input type="checkbox"/> Delete		
STREET ADDRESS 	CITY-ST-ZIP 		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE 	NAME 		<input type="checkbox"/> Delete		
STREET ADDRESS 	CITY-ST-ZIP 		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE 	NAME 		<input type="checkbox"/> Delete		
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: Tonya Brown 1/11/06 (239) 455-8162 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					