


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 02, 2006 8:00 am**  
**Secretary of State**

05-02-2006 90193 020 \*\*\*150.00

**DOCUMENT # P03000149090**

1. Entity Name  
**YOUR NEW BEST FRIEND GROOMING SALON, INC.**



Principal Place of Business      Mailing Address  
**5016 N FLORIDA AVE**      **5016 N FLORIDA AVE**  
**TAMPA, FL 33603**      **TAMPA, FL 33603**

40075430



2. Principal Place of Business      3. Mailing Address  
**6114 N. CENTRAL AVE**      **6114 N. CENTRAL AVE**  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.  
**TAMPA FL**      **Tampa FL**  
 City & State      City & State

04282006      Chg-P      CR2E034 (11/05)

4. FEI Number      Applied For  
**32-0101326**      Not Applicable


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

Zip      Country      Zip      Country  
**33604**      **USA**      **33604**      **USA**

6. Name and Address of Current Registered Agent  
**RODRIGUEZ, TRACEY A**  
**6006 N ITHMAR AVE**  
**TAMPA, FL 33604**

7. Name and Address of New Registered Agent  
 Name **CAREN L. TULLY**  
 Street Address (P.O. Box Number is Not Acceptable)  
**604 W. NORTH BAY ST**  
 City **TAMPA**      FL      Zip Code **33603**

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 **4/30/06**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)      DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.       **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>RODRIGUEZ, TRACEY A</b> <b>5016 N FLORIDA AVE</b> <b>TAMPA, FL 33603</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>RODRIGUEZ, TRACEY A</b> <b>6114 N. CENTRAL AVE</b> <b>TAMPA FL 33604</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P/D</b> <b>GAESSER MARK J.</b> <b>6114 N. CENTRAL AVE</b> <b>TAMPA FL 33604</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V/M</b> <b>TULLY CAREN L.</b> <b>6114 N. CENTRAL AVE</b> <b>TAMPA FL 33604</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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"/> 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 **4/30/06**      Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      DATE      Daytime Phone #