

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 23, 2005 8:00 am
Secretary of State

02-23-2005 90068 018 ***158.75

DOCUMENT # P04000034238

1. Entity Name

THE GROOMING BOUTIQUE INC



Principal Place of Business

3737 WEST UNIVERSITY AVE
GAINESVILLE FL 32607

Mailing Address

3737 WEST UNIVERSITY AVE
GAINESVILLE FL 32607

2. Principal Place of Business

3737 W UNIV AVE

3. Mailing Address

813 NW 6th St.

Suite, Apt. #, etc.

N/A

Suite, Apt. #, etc.

C

City & State

Gainesville FL

City & State

Gainesville FL

Zip

32607

Country

Alachua

Zip

32601

Country

Alachua

4. FEI Number

20-0751274

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BROWN, JEFFREY S
6879 NE 21ST PL
HIGH SPRINGS FL 32643

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

Jeffrey S Brown
Signature, typed or printed name of registered agent and title if applicable

vice president JEFF Brown 2/16/05

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2005 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PS ☐ Delete
NAME STAHLHEBER, DANA M
STREET ADDRESS 6879 NE 21ST PL
CITY-ST-ZIP HIGH SPRINGS FL 32643

TITLE V ☐ Delete
NAME BROWN, JEFFREY S
STREET ADDRESS 6879 NE 21ST PL
CITY-ST-ZIP HIGH SPRINGS FL 32643

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
NAME
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CITY-ST-ZIP

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

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 like empowered.

SIGNATURE:

Dana Stahlheber
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Dana Stahlheber
Date

president 2/16/05
Daytime Phone

352 2229470