

# **2010 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P04000048210

**FILED**  
**Apr 29, 2010**  
**Secretary of State**

**Entity Name:** NEW TAMPA PET RESORT, INC.

**Current Principal Place of Business:**

3513 E COUNTY LINE RD  
LUTZ, FL 33559

**New Principal Place of Business:**

**Current Mailing Address:**

10236 ARBOR SIDE DR  
TAMPA, FL 33647

**New Mailing Address:**

**FEI Number:** 20-1128171

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

LANIGAN J D, DAVID C LLM  
10937 N 56TH ST  
TAMPA, FL 33617 US

**Name and Address of New Registered Agent:**

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.

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

**Title:** D  
**Name:** GOLICHER, LISA M  
**Address:** 10236 ARBOR SIDE DR  
**City-St-Zip:** TAMPA, FL 33647

**Title:** D  
**Name:** GOLICHER, JOSEPH M  
**Address:** 10236 ARBOR SIDE DR  
**City-St-Zip:** TAMPA, FL 33647

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

**SIGNATURE:** LISA M. GOLICHER

PRES

04/29/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date