

**2007 FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 26, 2007 08:00 AM**  
**Secretary of State**

DOCUMENT # P04000119100

1. Entity Name  
BARK CENTRAL PET PARK, INC.



Principal Place of Business  
3600 E GULF-TO-LAKE HWY  
INVERNESS, FL 34453

Mailing Address  
3600 E GULF-TO-LAKE HWY  
INVERNESS, FL 34453



02222007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
20-1514253

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

HUMPHREY, VICKIE J  
3600 E GULF-TO-LAKE HWY  
INVERNESS, FL 34453

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00 May Be**  
**Added to Fees**

U00000648641  
03/07/07-80017-012 150.00

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BRYAN, BRENDA 5999 E TURNER CAMP RD INVERNESS, FL 34453
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BRYAN, GEORGE R 599 E TURNER CAMP RD INVERNESS, FL 34453
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SULLIVAN, SUSAN A 7708 E ALLEN DR INVERNESS, FL 34450
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HUMPHREY, VICKIE J 3600 E GULF-TO-LAKE HWY INVERNESS, FL 34453
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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: \_\_\_\_\_

*Vickie J. Humphrey*  
TREASURER  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/22/07  
Date

(352) 341-3449  
Daytime Phone #