

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Apr 26, 2006 08:00 AM  
Secretary of State

DOCUMENT # P04000160050	
1. Entity Name MY BEST FRIEND GROOMING, INC.	



Principal Place of Business 3438 EASTLAKE RD. #13 PALM HARBOR, FL 34684 US	Mailing Address 3438 EASTLAKE RD. #13 PALM HARBOR, FL 34684 US
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01212006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 20-1933546	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent  WALL, HERBERT M 3090 LANDMARK BLVD, # 1902 PALM HARBOR, FL 34684
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**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 fee if applicable (NOTE: Registered Agent signature required when releasing) 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	D YOUNGSMAN, ELIZABETH 2863 HONEY BEAR CT PALM HARBOR, FL 34684
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WALL, HERBERT 3090 LANDMARK BLVD, # 1902 PALM HARBOR, FL 34684
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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: Herbert M. Wall HERBERT M. WALL 24 APR 06 (727) 787-7364  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #