

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000022732

FILED
Jan 05, 2012
Secretary of State

Entity Name: TRINITY PET HOSPITAL, INC.

Current Principal Place of Business:

7813 MITCHELL BLVD
SUITE# 112
TRINITY, FL 34655

New Principal Place of Business:

Current Mailing Address:

7813 MITCHELL BLVD
SUITE #112
TRINITY, FL 34655

New Mailing Address:

FEI Number: 30-0303754 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

STELTER, KIM
1742 LOCH HAVEN COURT
TRINITY, FL 34655 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

OFFICERS AND DIRECTORS:

Title: P
Name: STELTER, KIM
Address: 7813 MITCHELL BLVD SUITE 112
City-St-Zip: TRINITY, FL 34655

Title: VP
Name: LAMB, KATHLEEN
Address: 7813 MITCHELL BLVD SUITE 112
City-St-Zip: TRINITY, FL 34655

Title: TRES
Name: STELTER, CHRIS
Address: 7813 MITCHELL BLVD SUITE 112
City-St-Zip: TRINITY, FL 34655

Title: SECY
Name: LAMB, KATHLEEN
Address: 7813 MITCHELL BLVD SUITE 112
City-St-Zip: TRINITY, FL 34655

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: KIM STELTER

P

01/05/2012

_____ Electronic Signature of Signing Officer or Director

_____ Date