

# **2010 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P05000047321

**FILED**  
**Mar 31, 2010**  
**Secretary of State**

**Entity Name:** BALDWIN BARK PET SUPPLY, INC.

**Current Principal Place of Business:**

5412 BIRCHBEND LOOP  
OVIEDO, FL 32765

**New Principal Place of Business:**

**Current Mailing Address:**

5412 BIRCHBEND LOOP  
OVIEDO, FL 32765

**New Mailing Address:**

**FEI Number:** 51-0539292

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

DOUGLAS MANISCALCO, CPA  
1315 S. INTERNATIONAL PKWY  
1101  
LAKE MARY, FL 32746 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:** DP  
**Name:** LIGUORI, SHARON ASHLEY  
**Address:** 5412 BIRCHBEND LOOP  
**City-St-Zip:** OVIEDO, FL 32765

**Title:** VP  
**Name:** MATHEWS, JOHN  
**Address:** 5412 BIRCHBEND LOOP  
**City-St-Zip:** OVIEDO, FL 32765

**Title:** DST  
**Name:** MATHEWS, CONNIE  
**Address:** 5412 BIRCHBEND LOOP  
**City-St-Zip:** OVIEDO, FL 32765

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:** SHARON ASHLEY LIGUORI

P

03/31/2010

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

\_\_\_\_\_  
Date