

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000158968

FILED
Jan 11, 2007
Secretary of State

Entity Name: POINCIANA PET CLINIC, INC.

Current Principal Place of Business:

884 TOWNE CENTER DRIVE
KISSIMMEE, FL 34759 US

New Principal Place of Business:

Current Mailing Address:

717 EAST OAK STREET
KISSIMMEE, FL 34744 US

New Mailing Address:

FEI Number: 20-3907354

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BORGMAN, GARY
403 E. VINE STREET
KISSIMMEE, FL 34744 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: PD () Delete
Name: BORGMAN, GARY
Address: 403 E. VINE STREET
City-St-Zip: KISSIMMEE, FL 34744 US

Title: STD () Delete
Name: BORGMAN, JOY
Address: 403 E. VINE STREET
City-St-Zip: KISSIMMEE, FL 34744 US

Title: VP () Delete
Name: BORGMAN, WESLEY
Address: 403 E. VINE STREET
City-St-Zip: KISSIMMEE, FL 34744 US

Title: VP () Delete
Name: HIGHBARGER, JEFFREY
Address: 403 E. VINE STREET
City-St-Zip: KISSIMMEE, FL 34744 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: GARY BORGMAN

PRES

01/11/2007

Electronic Signature of Signing Officer or Director

_____ Date