

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2007 8:00 am
Secretary of State

04-16-2007 90050 049 ***150.00

DOCUMENT # P05000166168 1. Entity Name THE WHOLESOME PET, INC					
Principal Place of Business 589 WEST AMBERST CIRCLE SATELLITE BEACH, FL 32937			Mailing Address 589 WEST AMBERST CIRCLE SATELLITE BEACH, FL 32937		
2. Principal Place of Business - No P.O. Box # 589 W. Amherst Circle Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State Satellite Beach, FL Zip 32937		City & State Zip		4. FEI Number 20-4082585 Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				04092007 Chg-P CR2E034 (12/06)	
6. Name and Address of Current Registered Agent SURRENCY, ALICE 589 WEST AMBERST CIRCLE SATELLITE BEACH, FL 32937			7. Name and Address of New Registered Agent Name Same Street Address (P.O. Box Number is Not Acceptable) 589 W. Amherst Circle City Satellite Beach FL Zip Code 32937		
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 <i>Alice L. Surrency</i> Alice L. Surrency 4/11/07 <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SURRENCY, ALICE 589 WEST AMBERST CIRCLE SATELLITE BEACH, FL 32937	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 19, 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: <i>Alice L. Surrency</i> Alice L. Surrency 4/11/07 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date 4/11/07 Daytime Phone # 321-273-1780		