

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 10, 2008 08:00 A
Secretary of State

DOCUMENT # P06000037898

1. Entity Name
TIMBER OAKS PET SPA & BOARDING, INC.



Principal Place of Business
**11748 LA MADERA BLVD.
PORT RICHEY, FL 34668 US**

Mailing Address
**11748 LA MADERA BLVD.
PORT RICHEY, FL 34668 US**



03052008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-4522469	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**MORFIT, SCOTTIE
11744 LA MADERA BLVD
PORT RICHEY, FL 34668**

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	MORFIT, SCOTTIE
STREET ADDRESS	11744 LA MADERA BLVD
CITY - ST - ZIP	PORT RICHEY, FL 34668

TITLE	D
NAME	PRINCE, PAMELA K
STREET ADDRESS	4836 ISTHMUS DRIVE
CITY - ST - ZIP	NEW PORT RICHEY, FL 34652

TITLE	D
NAME	HEIKKILA, KATHY
STREET ADDRESS	11744 LA MADERA BLVD
CITY - ST - ZIP	PORT RICHEY, FL 34668

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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03/26/08-80047-023 150.00

**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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

SCOTTIE MORFIT, 3/5/08