FILED
May 29, 2008 8:00 am
Secretary of State
05-01-2008 90183 045 ***150.00

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P06000046462

1. Entity Name
MR. WEEBEE'S PETS INC.

66012647

03102008 Chg-P CR2E034 (12/06)

Principal Place of Business	Mailing Address
5022 TROUBLE CREEK ROAD NEW PORT RICHEY, FL 34652 US	5022 TROUBLE CREEK ROAD NEW PORT RICHEY, FL 34652 US
2. Principal Place of Business - No P.O. Box #: 4903 State Rd 54 Suite, Apt. #, etc.	3. Mailing Address: 4903 State Rd. 54 Suite, Apt. #, etc.
City & State: New Port Richey FL	City & State: New Port Richey FL
Zip: 34652 Country: US	Zip: 34652 Country: US

4. FEI Number: 20-4604265 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
GONTHIER, PHILIP R 5022 TROUBLE CREEK ROAD NEW PORT RICHEY, FL 34652	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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: Philip R. Gonthier 4/26/2008
Signature, typed or printed name of registered agent and title if applicable. (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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GONTHIER, PHILIP R 5022 TROUBLE CREEK ROAD NEW PORT RICHEY, FL 34652 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☑ Change ☐ Addition 4903 State Rd. 54 New Port Richey FL 34652
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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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: Philip R. Gonthier 4/26/2008 727-846-7660
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #