


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 31, 2007 8:00 am
Secretary of State

01-31-2007 90035 039 ***150.00

DOCUMENT # P06000067088	
1. Entity Name THE GROOVY GROOMER, INC	

Principal Place of Business 3821 NORTH OAK DRIVE UNIT J52 TAMPA, FL 33611 US	Mailing Address 3821 NORTH OAK DRIVE UNIT J52 TAMPA, FL 33611 US
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40006986



2. Principal Place of Business - No P.O. Box # 3821 NORTH OAK DRIVE	3. Mailing Address 3821 NORTH OAK DRIVE
Suite, Apt. #, etc. SUITE J52	Suite, Apt. #, etc. SUITE J52

01262007 Chg-P CR2E034 (12/06)

City & State TAMPA, FL	City & State TAMPA, FL
Zip 33611	Country USA

4. FEI Number 20-8321698	<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent THORNHILL, KAREN R 3821 NORTH OAK DRIVE UNIT J52 TAMPA, FL 33611	
7. Name and Address of New Registered Agent 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 _____
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, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P THORNHILL, KAREN R 3821 NORTH OAK DRIVE, UNIT J52 TAMPA, FL 33611 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D, S, T <input type="checkbox"/> Change <input checked="" type="checkbox"/> 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 Karen R. Thornhill **Date** 1-22-07 **Daytime Phone #** 813-831-3683
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

KAREN R. THORNHILL