


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 02, 2007 8:00 am**  
**Secretary of State**

03-02-2007 90014 025 \*\*\*150.00

<b>DOCUMENT # P06000074884</b> 1. Entity Name PET AQUARIUM & SUPPLIES OF CLERMONT, INC.					
Principal Place of Business 426 WEST LANCASTER ROAD ORLANDO, FL 32809			Mailing Address 15713 ACORN CIRCLE TAVARES, FL 32778		
2. Principal Place of Business - No P.O. Box # 431 W. Hwy 50 Suite, Apt. #, etc.		3. Mailing Address 431 West Hwy 50 Suite, Apt. #, etc.			
City & State Clermont, Fla. Zip 34711 Country lalle		City & State Clermont - Fla. Zip 34711 Country lalle		4. FEI Number 20-4953878 Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				02092007 Chg-P CR2E034 (12/06)	
6. Name and Address of Current Registered Agent CLEMENT, MARILU 15713 ACORN CIRCLE TAVARES, FL 32778			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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CLEMENT, MARILU 15713 ACORN CIRCLE TAVARES, FL 32778		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CLEMENT, MARILU 15713 ACORN CIRCLE TAVARES, FL 32778		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CLEMENT, MARILU 15713 ACORN CIRCLE TAVARES, FL 32778		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	CLEMENT, MARILU 15713 ACORN CIRCLE TAVARES, FL 32778		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CLEMENT, MARILU 15713 ACORN CIRCLE TAVARES, FL 32778		<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 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 another like empowered.					
SIGNATURE: <u>Marilyn Clement</u> 3/1/07 (352)394-0070 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					