


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2007 8:00 am
Secretary of State

04-13-2007 90177 037 ***150.00

DOCUMENT # P06000075544

1. Entity Name
RED CARPET PET GROOMING, INC.



Principal Place of Business Mailing Address

10804 SPRING MOUNTAIN PLACE **10804 SPRING MOUNTAIN PLACE**
TAMPA, FL 33626 US **TAMPA, FL 33626 US**

2. Principal Place of Business - No P.O. Box # 3. Mailing Address

4563 Gunn Highway Suite, Apt. #, etc.

Suite, Apt. #, etc. City & State

City & State City & State

4. FEI Number Applied For

20-4981321 Not Applicable

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

6. Name and Address of Current Registered Agent

GROVE, AMY S
10804 SPRING MOUNTAIN PLACE
TAMPA, FL 33626

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 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	<input type="checkbox"/> Delete
NAME	GROVE, AMY S	
STREET ADDRESS	10804 SPRING MOUNTAIN PLACE	
CITY-ST-ZIP	TAMPA, FL 33626	
TITLE	VP	<input type="checkbox"/> Delete
NAME	GROVE, JEFFREY W	
STREET ADDRESS	10804 SPRING MOUNTAIN PLACE	
CITY-ST-ZIP	TAMPA, FL 33626	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *Amy S. Grove* **Amy S. Grove** 4/10/07 813-908-9500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

40060038



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