

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P07000017916

1. Entity Name  
THE GROOMING SHOP, INC.



Principal Place of Business  
4657 S. HIGHWAY 1  
UNIT D  
ROCKLEDGE, FL 32955

Mailing Address

4657 S. HIGHWAY 1  
UNIT D  
ROCKLEDGE, FL 32955

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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

08282008 Chg-P CR2E034 (12/06)

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

MEDINA, BENJAMIN  
4657 S. HIGHWAY 1  
UNIT D  
ROCKLEDGE, FL 32955

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  
Due by September 12, 2008

9. Election Campaign Financing  
Trust Fund Contribution.

\$5.00 May Be  
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the  
corporation did not receive the prior notice.

## 10. OFFICERS AND DIRECTORS

TITLE P  
NAME MEDINA, BENJAMIN  
STREET ADDRESS 4657 S. HIGHWAY 1, UNIT D  
CITY-ST-ZIP ROCKLEDGE, FL 32955

Delete

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

800135961458  
09/16/08--01014--002 \*\*158.75

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Delete

Change  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 all other like empowered.

SIGNATURE: Benjamin M Medina

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-10-08 321-632-6877  
Date Daytime Phone #