

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000075724

FILED
Feb 02, 2009
Secretary of State

Entity Name: HEROES SPAY AND NEUTER CLINIC, INC.

Current Principal Place of Business:

5040 NE 13 AVE
OAKLAND PARK, FL 33334 US

New Principal Place of Business:

Current Mailing Address:

2600 REAGAN TRAIL
LAKE MARY, FL 32746 US

New Mailing Address:

5040 NE 13 AVE
OAKLAND PARK, FL 33334 US

FEI Number: 26-0461681

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

VAUJIN, FRANCES
2600 REAGAN TRAIL
LAKE MARY, FL 32746 US

Name and Address of New Registered Agent:

VAUJIN, FRANCES
5040 NE 13 AVE
OAKLAND PARK, FL 33334 US

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.

SIGNATURE: FRANCES VAUJIN

02/02/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PRES () Delete
Name: CHANESS, SCOTT
Address: 2600 REAGAN TRAIL
City-St-Zip: LAKE MARY, FL 32746 US

Title: TRES () Delete
Name: VAUJIN, FRANCES
Address: 2600 REAGAN TRAIL
City-St-Zip: LAKE MARY, FL 32746 US

Title: SECT () Delete
Name: VAUJIN, FRANCES
Address: 2600 REAGAN TRAIL
City-St-Zip: LAKE MARY, FL 32746 US

Title: DIR (X) Delete
Name: VAUJIN, FRANCES
Address: 2600 REAGAN TRAIL
City-St-Zip: LAKE MARY, FL 32746 US

Title: DIR (X) Delete
Name: CHANESS, SCOTT
Address: 2600 REAGAN TRAIL
City-St-Zip: LAKE MARY, FL 32746 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: CHANESS, SCOTT
Address: 17150 NEWHOPE ST SUITE 510
City-St-Zip: FOUNTAIN VALLEY, CA 92708 US

Title: VP (X) Change () Addition
Name: VAUJIN, FRANCES
Address: 4360 NE 18 AVE
City-St-Zip: POMPANO BEACH, FL 33064 US

Title: SEC (X) Change () Addition
Name: VAUJIN, FRANCES
Address: 4360 NE 18 AVE
City-St-Zip: POMPANO BEACH, FL 33064

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: FRANCES VAUJIN

VP

02/02/2009

Electronic Signature of Signing Officer or Director

Date