

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000093123

FILED  
May 04, 2009  
Secretary of State

Entity Name: MURPHYS PREMIUM PET FOOD MARKET INC.

## Current Principal Place of Business:

158 TUSKAWILLA RD  
#1316  
WINTER SPRINGS, FL 32708

## New Principal Place of Business:

## New Mailing Address:

158 TUSKAWILLA RD  
#1316  
WINTER SPRINGS, FL 32708

## Current Mailing Address:

905 CYPRESS WOODS CT  
WINTER SPRINGS, FL 32708

FEI Number: 26-0721615

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SANNELLA, KIMBERLY K  
905 CYPRESS WOODS CT  
WINTER SPRINGS, FL 32708 US

## Name and Address of New Registered Agent:

SANNELLA, KIMBERLY K  
941 WATERBURY LN  
LONGWOOD, FL 32750 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: KIMBERLY K SANNELLA

05/04/2009

Electronic Signature of Registered Agent

Date

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

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: SANNELLA, KIMBERLY K  
Address: 905 CYPRESS WOODS CT  
City-St-Zip: WINTER SPRINGS, FL 32708

Title: VP ( ) Delete  
Name: STEWART, JOHN P  
Address: 941 WATERBURY LANE  
City-St-Zip: LONGWOOD, FL 32750

Title: S ( ) Delete  
Name: SANNELLA, KIMBERLY K  
Address: 905 CYPRESS WOODS CT  
City-St-Zip: WINTER SPRINGS, FL 32708

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: SANNELLA, KIMBERLY K  
Address: 941 WATERBURY LN  
City-St-Zip: LONGWOOD, FL 32750

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

Title: S (X) Change ( ) Addition  
Name: STEWART, JILLIAN E  
Address: 210 EMORRIS BLV  
City-St-Zip: WINTER PARK, FL 32789

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: KIMBERLY K SANNELLA

P

05/04/2009

Electronic Signature of Signing Officer or Director

Date