

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000129743

FILED
Apr 29, 2008
Secretary of State

Entity Name: HAINES CITY PET HOSPITAL INC.

Current Principal Place of Business:

206 TRANQUILITY COVE
ALTAMONTE SPRINGS, FL 32701 US

New Principal Place of Business:

Current Mailing Address:

206 TRANQUILITY COVE
ALTAMONTE SPRINGS, FL 32701 US

New Mailing Address:

FEI Number: 26-1554130 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ADKINS, LARRY DR.
206 TRANQUILITY COVE
ALTAMONTE SPRINGS, FL 32701 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: ADKINS, LARRY DR
Address: 206 TRANQUILITY COVE
City-St-Zip: ALTAMONTE SPRINGS, FL 32701 US

Title: VP () Delete
Name: ADKINS, BRIAN
Address: 2025 ARBOUR VIEW DRIVE
City-St-Zip: CARY, NC 27519 US

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: SECR () Change (X) Addition
Name: SHEADER, DARLENE J
Address: 1159 PARNELL ST
City-St-Zip: KISSIMMEE, FL 34741

Title: TREA () Change (X) Addition
Name: SHEADER, DAVID M
Address: 1159 PARNELL ST
City-St-Zip: KISSIMMEE, FL 34741

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: LARRY ADKINS

P

04/29/2008

Electronic Signature of Signing Officer or Director

_____ Date