

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000047976

FILED
Jun 16, 2009
Secretary of State

Entity Name: ANIMAL CARE SERVICES, INC.

Current Principal Place of Business:

200 NE 5TH CT
DELRAY BEACH, FL 33444

New Principal Place of Business:

6280 SW 20 ST
NORTH LAUDERDALE, FL 33068 US

Current Mailing Address:

200 NE 5TH CT
DELRAY BEACH, FL 33444

New Mailing Address:

6280 SW 20 ST
NORTH LAUDERDALE, FL 33068 US

FEI Number: 26-2624562

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HARPER, JULIE
6280 SE 20TH STREET
POMPANO BEACH, FL 33068 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

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: D/P () Delete
Name: HARPER, JULIE
Address: 6280 SW 20 STREET
City-St-Zip: POMPANO BEACH, FL 33068

Title: VP/T () Delete
Name: HARPER, JULIE
Address: 6280 SW 20 STREET
City-St-Zip: POMPANO BEACH, FL 33068

Title: S () Delete
Name: HARPER, JULIE
Address: 6280 SW 20 STREET
City-St-Zip: POMPANO BEACH, FL 33068

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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: JULIE M. HARPER

D/P

06/16/2009

Electronic Signature of Signing Officer or Director

Date