

# **2010 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P09000005499

**FILED**  
**Jan 06, 2010**  
**Secretary of State**

**Entity Name:** AFFORDABLE ANIMAL CARE INC.

**Current Principal Place of Business:**

15200 BROKEN J RANCH RD  
FORT MYERS, FL 33905

**New Principal Place of Business:**

14561 PALM BEACH BLVD.  
SUITE 30  
FORT MYERS, FL 33905 US

**Current Mailing Address:**

P.O. BOX 50549  
FORT MYERS, FL 33994

**New Mailing Address:**

**FEI Number:** 26-4066287      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

BRASHEAR, GINA  
15200 BROKEN RANCH RD.  
FORT MYERS, FL 33905 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  
**Name:** BRASHEAR, GINA  
**Address:** 15200 BROKEN J RANCH RD  
**City-St-Zip:** FORT MYERS, FL 33905

**Title:** VP  
**Name:** WHIDDEN, TONYA  
**Address:** 2450 BISHOP DRIVE #12  
**City-St-Zip:** ALVA, FL 33920

**Title:** D  
**Name:** BRASHEAR, DAVID JR  
**Address:** 15200 BROKEN J RANCH RD  
**City-St-Zip:** FORT MYERS, FL 33905

I hereby 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 all other like empowered.

**SIGNATURE:** GINA BRASHEAR

PRES

01/06/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date