

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P10000030882

Entity Name: NOMAD PET CARE, INC.

FILED  
Mar 09, 2011  
Secretary of State

**Current Principal Place of Business:**

9838 OLD BAYMEADOWS RD., #314  
JACKSONVILLE, FL 32256

**New Principal Place of Business:**

**Current Mailing Address:**

9838 OLD BAYMEADOWS RD., #314  
JACKSONVILLE, FL 32256

**New Mailing Address:**

FEI Number: 27-2305106

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

LADOUCEUR, MARC W  
610 9TH AVE NORTH  
JACKSONVILLE BEACH, FL 32250 US

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

LADOUCEUR, MARC W  
9838 OLD BAYMEADOWS ROAD  
#314  
JACKSONVILLE, FL 32256 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: MARC W. LADOUCEUR

03/09/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: DAY, WILLIAM L  
Address: 13912 FLETCHERS MILL  
City-St-Zip: TAMPA, FL 33613 US

Title: VP  
Name: LADOUCEUR, MARC W  
Address: 402 BRANCH WOOD LANE  
City-St-Zip: JACKSONVILLE, FL 32256 US

Title: D  
Name: STEPHENS, BRUCE M  
Address: 13912 FLETCHERS MILL  
City-St-Zip: TAMPA, FL 33613

Title: D  
Name: LEFEBRE, JAMI E  
Address: 402 BRANCH WOOD LANE  
City-St-Zip: JACKSONVILLE, FL 32256

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: MARC W. LADOUCEUR

VP

03/09/2011

Electronic Signature of Signing Officer or Director

Date