

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 02, 2005 8:00 am**  
**Secretary of State**

05-02-2005 90984 041 \*\*\*150.00

**DOCUMENT # P39288**

1. Entity Name  
**CENTRAL GARDEN & PET COMPANY**



Principal Place of Business <del>3697 MT DIABLO BLVD</del> <del>STE 310</del> <del>LAFAYETTE, CA 93549 US</del>	Mailing Address <del>3697 MT DIABLO BLVD</del> <del>STE 310</del> <del>LAFAYETTE, CA 93549 US</del>
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2. Principal Place of Business <b>1340 Treat Blvd.</b>	3. Mailing Address <b>1340 Treat Blvd.</b>
Suite, Apt. #, etc. <b>600</b>	Suite, Apt. #, etc. <b>600</b>

04202005 Chg-P CR2E034 (10/03)

City & State <b>Walnut Creek, CA</b>	City & State <b>Walnut Creek, CA</b>
Zip <b>94597</b> Country <b>USA</b>	Zip <b>94597</b> Country <b>USA</b>

4. FEI Number <b>68-0275553</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM**  
**1200 SOUTH PINE ISLAND ROAD**  
**PLANTATION, FL 33324**

7. Name and Address of New Registered Agent

Name \_\_\_\_\_

Street Address (P.O. Box Number is Not Acceptable) \_\_\_\_\_

City \_\_\_\_\_ **FL** Zip Code \_\_\_\_\_

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD BROWN, WILLIAM E <input type="checkbox"/> Delete 3697 MT DIABLO BLVD STE 310 LAFAYETTE, CA 94549
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD NOVOTNY, GLENN W <input type="checkbox"/> Delete 3697 MT DIABLO BLVD STE 150 LAFAYETTE, CA 94549
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BOOTH, STUART <input type="checkbox"/> Delete 3697 MT DIABLO BLVD STE 360 310 LAFAYETTE, CA 94549
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Delete HOGAN, DAINEL P JR 3697 MT DIABLO BLVD STE 310 LAFAYETTE, CA 34549
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete PENNINGTON, BROOKS M III 3697 MT DIABLO BLVD SUITE 310 LAFAYETTE, CA 95459
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete WESTPHAL, BRUCE A 3697 MT DIABLO BLVD SUITE 310 LAFAYETTE, CA 95459

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	See Attached List <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition David N. Chester
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Timothy J. Kane **Timothy J. Kane** 4-21-05 - 925-948-4000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

